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PSYCHOLOGICAL METHODS OF HEALING

AN INTRODUCTION TO PSYCHOTHERAPY

By

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PREFACE

THE aim of this volume is to present the chief principles and guiding lines of thought in modern medical psychology, and to give an accurate statement of my own views on the subject. In its main plan, the book is a general introduction to the study of psychotherapy, including brief descriptions of the leading schools of thought and practice in the subject, but I make no apology for drawing upon my own first-hand experience throughout, based upon twenty-five years' work as a practising psychotherapist. Nor do I apologize for the relatively large space (with some unavoidable repetition) devoted to the consideration of hypnosis, suggestibility, and progressive relaxation. Clinical work on these problems admits of the scientific process of verification in the laboratory, and such work appears to have been unduly neglected in recent years, and judgment on its claims to psychotherapeutic success has often gone by default. Moreover, psychological healing has application to the group and the nation, as well as to the individual, and is therefore of social and political importance. Hence problems of international relations come also within its ambit.

Although modern psychotherapy is still a very controversial subject, my aim has been to avoid merely negative criticism, to harmonize apparently conflicting views where possible, to encourage a spirit of conciliation and co-operation among differing schools of thought, and to show in a general way how much common ground for agreement there is.

In the case of certain material, especially that on my War cases, which is not now available, I have made a thorough revision and incorporated it, in up-to-date form, in the text.

A carefully-selected bibliography of one hundred books is appended, as a theoretical background of further reading and as a context within which this book on the elements of psychopathology and psychotherapy may take its place.

My thanks are due to the editors and publishers of the *British Journal of Psychology* (*General Section*) and *Character and Personality*, and to the editorial board of *Mental Hygiene*, for permission to republish in this book articles that have recently appeared in their journals.

I also wish to thank Dr. Wm. Stephenson, who made the index.

WILLIAM BROWN.

Harley Street, W.1.

October 10th, 1938.

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CHAPTER I

FUNCTIONAL NERVE DISEASE. DISSOCIATION, HYPNOTISM, SUGGESTION

PSYCHOLOGICAL methods of healing, technically known as "psychotherapy," are regarded in modern medicine as primarily applicable to functional nerve disease, i.e. to nerve disease in which there is supposed to be no "organic" or structural change in the nervous system, but in which that system nevertheless shows a disorder of working or of "function," due to some mental factor.

If we survey the field of psychotherapy, or mental healing, from the widest point of view, we find that it comprises two distinct lines of practice and also two distinct lines of theory. On the one hand it is assumed that functional nerve disease is produced by bad mental suggestion of disease, and that it is therefore curable by counter-suggestions of a healthy condition. On the other hand there is the view, which is becoming more and more prominent and popular at the present day, that functional nerve illness is due to mental conflict in earlier years of life, followed by what is called repression, by a sort of compromise. The battle is not actually fought out, but the mind achieves some sort of compromise between the conflicting tendencies. And, corresponding to this general theory of causation, we have as a theory of cure that these forms of disease will disappear if the patient is analysed—if he is taken back over his past, if these conflicts are renewed in his mind, and if he is then given an opportunity, and is encouraged, to fight them out in a more thorough-going way, to pass

beyond the compromise to a real psychological solution of the difficulties. The patient will then recover, but not before.

According to this second general theory and practice in psychotherapy, suggestion treatment is a very superficial form of treatment. Looking back over the history of the subject we find that the suggestion theory is prior to the analytic theory, and that it had achieved successes, which often proved to be permanent successes, independently of the theory and practice of analysis.

Let us stop for a moment to consider the forms of disease that are supposed to be specially amenable to psychotherapy. Speaking again in the widest sense, we may say that *all* forms of disease are amenable, more or less, to psychotherapy. It would be a mistake if we allowed the word itself, the name "psychotherapy," to restrict our attention unduly to mental forms of illness. Psychotherapy means mental forms of cure, but that does not necessarily involve the assumption that the diseases cured must themselves be obviously mental. As a matter of experience, we doctors all find that mental factors are of great importance in the curing of physical ailments.

Every doctor would agree that a patient suffering from such a physical illness as pneumonia is more likely to recover if he is of a cheerful disposition, and if he expects to recover, than if he is pessimistic by nature, and is convinced that a cure for him is impossible. More than that, everyone would agree that a piece of good news, coming to a patient suffering from serious physical illness, is likely to help him to such an extent that it may sometimes be regarded as the deciding factor in his battle for life. Again, a patient who is suffering from a physical illness, and, for whatever reason it may be, considers that he has nothing worth living for, is far less likely to recover

than a person who has every reason for intensely desiring to recover.

These factors to which I have been referring are all mental factors. They can all be regarded as factors of mental cure or mental injury, and they can produce their effects in illnesses that might be regarded as purely physical.

But, while we are still speaking of physical illness, we should go further, and gladly admit that purely physical illnesses, i.e. illnesses that are purely physical from the point of view of modern medical knowledge, do often respond to mental treatment in ways that are a surprise to the medical faculty as well as to the general public, and that at the present day we cannot set any fixed limits to the power of the mind over the body; and, still considering physical illness, we have to bring in the question of spiritual healing, which is generally regarded as a form of healing distinct from mental healing.

The distinction is really one that cannot be theoretically justified. Mental healing and spiritual healing—I will not say pass imperceptibly the one into the other, but—are different aspects of the same thing. Mental healing *is* spiritual healing, and spiritual healing *is* mental healing. We cannot say that the spirit is here and the mind there. The mind contains the spirit in itself. We can, however, say that there is a greater degree of spirituality in one form of treatment than in another, in the influence of one physician than in the influence of another physician.

By this we mean that the more spiritual the attitude of mind of the patient and of the doctor, the more general is the mental standpoint adopted by one or by both, the less mechanical is the treatment, the truer it is to the essential nature of the mind. The mind is taken in its widest range, from the point of view of its highest

potentialities. Instead of being treated as an associational system, working according to approximately fixed mechanical laws, it is regarded as itself creative, itself free to a greater or less extent to struggle towards the achievement of ideals which it is able to envisage and in some degree to create.

In short, spiritual healing is religious healing, because it is healing from the point of view of the entire mind of the individual in its relation to the universe about it. Just as we might define religion as the most general attitude, from the point of view of valuation, that the personality can take up towards the environment, physical and mental, and towards all its knowledge, so we can say that spiritual healing is essentially religious healing; but that does not mean that mental healing is *not* religious healing.

When we speak of mental healing, or psychotherapy, we approach the matter from a slightly different point of view—from the point of view of science, which is the point of view of causal relationship. When we are thinking of healing by psychotherapy, we are thinking in terms of the mental processes going on in the patient as a sequence of mental processes in time, one following upon the other, and caused one by the other. When we are thinking of spiritual healing, we are, to a greater or less extent, transcending the time relationship. We are thinking in terms of *values*, in terms of standards of thought, feeling, and action, rather than in terms of ordinary physical causality. We are concerned with producing a new frame of mind in our patient, and we think that, if we investigate this frame of mind, we shall find that it is itself a distinctively religious frame of mind.

On the other hand, we find that without producing that religious frame of mind we can produce benefit in

the subject, i.e. we can benefit subjects who are not interested in the religious or the philosophical points of view, and who do not wish to consider things from these points of view. In such cases we should perhaps be readier to speak of mental healing, or psychotherapy. Well, often as regards physical illness, mental healing in the form of suggestion, and spiritual healing in the form of producing a change of mind and general outlook in the patient, do meet with success.

We now come to forms of illness that are supposed to be specially appropriate for mental treatment. They have sometimes been called functional nervous disorders. By this is meant a disorder of the nervous system in which there is no obvious structural change of the nervous system, yet it works wrongly. Such forms of nervous disorder are what are commonly known as neurasthenia, hysteria, anxiety neurosis, obsessional neurosis (the psycho-neuroses), and many of the distinguishable forms of insanity (the psychoses).

According to the theory generally accepted, in hysteria there is a disturbance of the nervous system not involving structural change. To my mind that is a theoretical impossibility. It can be dismissed *a priori*. To me it is absolutely inconceivable that any system (certainly any system so complex as the human brain) can remain structurally normal and function abnormally. As soon as there is an abnormal functioning of the nervous system, one can say *a priori* that there will be abnormal structure of that nervous system, so that the term "functional nervous disease" is a badly chosen term. In one sense all disease is functional, because all disease involves a change of function, and this is what is so serious for the individual. In all forms of nervous disease there are functional changes.

Take such a straightforward case as hemiplegia due

to cerebral hæmorrhage, where a small blood-vessel has burst in some part of the brain, perhaps in the internal capsule, and the extravasated blood has broken across a number of delicate fibres running down to the spinal cord and passing on the nerve excitation to another set of fibres leading to the muscles on the other side of the body. As a result of this the patient has become paralysed on the other side of the body. That is a functional disturbance. Only a small part of the paralysis is "organic." The patient left to himself will gradually improve. Many of his muscles will resume their functions, and one will find eventually only a residual paralysis—a paralysis more directly due to the extravasation of the blood. So far as certain fibres are cut across, these cannot conduct impulses to the muscles; but what has happened in this hemiplegia, this stroke, is that besides these muscles others were involved, because the nerves supplying them had received a shock and had been disturbed collaterally (the so-called "functional overlap"; cf. von Monakow's doctrine of "diaschisis").

One might say, according to our scheme of distinction, that there was a structural change in a certain part of the brain, causing a structurally-produced paralysis of certain muscles, but that, in addition to this, there was a functional disturbance of other parts of the brain, carrying with it a functional loss of power over other muscles. That is so in any form of organic nerve disease one may care to consider: there is always a functional disturbance, as well as a structural change, and much of the former is just as purely functional as a disturbance in a disease like hysteria. The truth is that in both cases the functional disturbance is also a structural disturbance, but that in the case of hysteria the structural disturbance is of a less gross, more elusive kind—a disturbance which we cannot at present adequately describe. One feels little doubt that it is a

change of molecular structure in certain parts of the brain.¹

If we cannot use this phrase "functional nervous disorder," what can we put in its place? A non-committal term is the term "psycho-neurosis." Certain disorders are psycho-neuroses, so called because they contain a nervous and also a psychical element. There is a disturbance of nerve function and also a disturbance of mental function. Perhaps a more adequate term would be the adjective "psychogenic." One might say that certain nervous disorders were wholly or partly psychogenic, i.e. mentally caused. One might say that in hysteria the illness was caused through some mental factor. As soon as it is so caused there is also a structural disturbance, however slight and imperceptible.

To illustrate this let me take a simple case of hysteria, such as I saw by the hundred near the firing-line during the European War. I specially choose such a case because it would be an uncomplicated one. A typical case of "shell-shock," such as one saw within forty-eight hours of the explosion, might show the following symptoms. The patient would be brought into hospital lying on a stretcher, perhaps dumb, trembling violently, perspiring profusely, his face showing an expression of great terror, his eyes either with a fixed stare or rolling from side to side. When one questioned him and got him to answer in writing, he would tell one that he was quite unable to remember what had happened to him. In some way or other he had been knocked out, and had come to find that he was paralysed and unable to speak. That is a

¹ As I have written elsewhere: "In a so-called functional disease such as hysteria, which comes especially in this category, the structural change is a kind of reversible process, whereas the structural change in organic nervous disease is an irreversible physical, chemical and biological process." *Mind and Personality*, University of London Press, Ltd., 1926, p. 165.

case of acquired hysteria—hysteria produced by a mental shock caused by shell explosion.

Why do we say that it is hysteria ? Because we have come to restrict the term " hysteria " to a form of mental illness characterized by crude functional dissociation. The man I have described was in a dissociated state. If one considers the personality as a system of psycho-physical powers, such as the power of walking, the power of talking, the powers of hearing and seeing, the power of controlling expression of the emotions, the power of remembering the various events of the past, and other powers, one will find that in the hysteric one or more of these powers has become split off or dissociated from the total personality.

In the case that I have just described in general terms there is such a functional dissociation. The patient has lost the power of recalling a certain set of memories, viz. those corresponding to the experience of the shell explosion and of what followed immediately thereupon. He has also lost the power of speaking and the power of walking ; he has lost the power of controlling the manifestations of fear—he cannot control his tremors ; his nervous system has also lost the power of controlling another manifestation of fear, viz. profuse perspiration ; and on investigation one may find other losses of power, e.g. he may have lost sensitivity in the lower limbs, his lower limbs may be numb. In such a case as that we may believe that it was the mental shock that produced the dissociation.

Moreover, the dissociation was not only a mental dissociation, it was also a physical dissociation. Certain parts of the cerebral cortex had become functionally disconnected from other parts, so that the cerebral cortex, the part of the brain we may take as directly related to conscious experience, did not work in its

entirety. Certain parts were working independently of other parts, or were not working while other parts were working. It was thus a physical dissociation as well as a mental one.

If we try to imagine what sort of a dissociation this is on the physical side, we feel almost irresistibly compelled to think of it as a breaking across of nerve-conducting paths. We know that, in general, the nervous system is made up of cells and fibres (neurons) joining one another at the synapses. These nerve fibres are not in contact with one another, but there is a minute gap between one nerve fibre and the next. This is called a synapse. When the nervous system functions normally, the impulse can jump across that gap. Under special conditions, such as fatigue, the influence of drugs, etc., some of these gaps may be so increased in resistance that the impulse cannot pass. In the case of acquired hysteria, where there is a functional dissociation, we may assume that some of these synapses have begun to offer more resistance than usual. The nerve fibres may have contracted, so that the gap has become greater than before, or some other change may have taken place in the nervous tissue.

That would be the explanation on the physical side. We can say that it *is* (in general) the explanation, inasmuch as it fits in with what we know otherwise of the functioning of the nervous system. I have described it in some detail because I wanted to illustrate my previous statement that when there is a functional disturbance of the nervous system there is also a structural change. Even in such a functional disturbance as acquired hysteria there is a structural change. Mental dissociation corresponds to physical dissociation.

Now, we find that cases of this kind are easy to hypnotize, and that they are most quickly cured by light hypnosis. The method used with these cases was as

follows: One asked the patient to lie down on the stretcher, relax his muscles, close his eyes, and think of sleep—calmly and without effort to let his mind dwell on the idea of sleep. One told him that his eyelids were getting heavier, that after one had counted three he would be unable to open his eyes, and so on. That always worked with shell-shock cases showing dissociation. They were all very easy to hypnotize. One then proceeded to suggest to the patient that his lost memories would come back, that when one put one's hand on his forehead he would see all that had happened. If the patient was dumb, he would then begin to shout out. If he was paralysed, he would begin to move again. One encouraged him to live through the experiences again with great emotional vividness, with the result that the dissociation disappeared—he became reassociated. One produced this reassociation by inducing a state of "mono-ideism," in which the patient's attention was restricted to one idea, viz. the general idea of the hypnotist and what he was saying, and thus, secondarily, one increased the patient's suggestibility towards the hypnotist, and through doing so one was able to bring up the patient's lost memories and thus reassociate his mind, and this carried with it other reassociation.

This method of treating the acquired hysteria of certain forms of shell-shock illustrates two general facts in psychotherapy. On the one hand it illustrates the nature of hypnosis and the relationship of hypnosis to hysteria: Because one found that all these dissociated patients were easy to hypnotize, and that the more dissociated they were the easier they were to hypnotize, i.e. because one found an almost complete correlation between hypnotizability and dissociation, one could infer that since hysteria is itself a dissociation, hypnosis is also a form of hysteria—it is, as Charcot said long ago, an

artificial hysteria—and, further, that, since the more abnormal these patients were the easier they were to hypnotize, conversely the more normal a person is the less easy he is to hypnotize, so that a perfectly normal person would be non-hypnotizable.

Since, on the other hand, we find that the perfectly normal person is suggestible, and, at the other extreme, that a deeply hypnotized person is often not very suggestible, we must distinguish suggestion and hypnotizability, and must take a step back from the position of Bernheim and other members of the Nancy school, who held that hypnosis was merely a state of increased suggestibility, whereas Charcot, Pierre Janet, and others of the Salpêtrière school held that it was a dissociation or artificial hysteria. On the basis of my War experience, I find it necessary to supplement the Nancy view by parts of the Salpêtrière view, with certain provisos which I shall bring in later.

That is one result, to my mind, definitely proved by War experience. The other result that War experience definitely proved was this: that hysteria and other forms of nerve trouble could be produced by a mental conflict that had nothing to do with the sexual instinct, either in its narrow or in its widest sense. A very large proportion of these cases suffered from intense fear and an inadequate control of the instinct of self-preservation. The mental conflict lived through was a clearly-defined conflict involving fear. These men were intensely afraid. They tried to control their fear, but with only partial success; in that attempt their minds became dissociated; they passed into a dream state, where they did not clearly know what was happening to them. One found that they recovered if one helped them to live through the fearful experience again—if one reassociated their minds, and helped them to rise to the occasion, to become equal

to the conflict. In the hospital they were able to face the intensely frightening experiences that they had not been able to face out on the battlefield. Their inability to face it on the battlefield had been the cause of the repression and the consequent dissociation of the mind. The experience had not been destroyed and driven out of the mind; it had been merely split off from the main consciousness, but tended to persist, if left to itself, and, when encouraged, was ready to come back into consciousness once more.

One may say, then, that experience with shell-shock patients showed how nerve illness could follow upon mental conflict and repression, but under conditions where the sexual instinct was not primarily disturbed. It thus involved the acceptance of one part of the Freudian theory, viz. that mental conflict and repression may cause nerve trouble, but it involved a definite rejection of another part of that theory, viz. that no neurosis is possible in a normal sexual life, and that sexual disturbance is essential to a neurosis. It is perfectly true that military patients who were so bad that they were sent home to England often did, on analysis, show disturbance of that instinct, and as a result of analysis made further progress towards recovery; but what we have to remember is that on an average 70 per cent. of all the cases of shell-shock were sent back to the line from the army forward areas, and that, when psycho-analysts and others are arguing that shell-shock is due to repressed narcissism and to disturbances of a sexual nature, they are unduly limiting their attention to a very small part of all the available material. Unfortunately, very few psychologists were near enough to the battlefield to see the cases in their early stages, and still more unfortunately, for that or for other reasons, the results that were obtained there have been rather ignored in the literature

of the subject. But that does not make any difference to the facts, and the view set out above is, to my mind, fully established.

I might perhaps mention a little anecdote in this connection with regard to the matter of hypnotism. After I had formed my own theory as to the nature of hypnosis and hysteria on the basis of these War cases which I saw on the Somme (1916-1918), I happened to see one of Pierre Janet's less-known books, in which I found the same theory described. I had worked on the material that I had dealt with in complete independence of what Janet had done before the War, although, of course, I had previously read most of his larger books. In the last chapter of this little book, *Les Névroses*, Janet says that hypnosis is a dissociation, and that, if you overcome the dissociation, the patient becomes thereafter less hypnotizable.

Now, that is what actually happened with these War cases which I saw near the firing-line. They were pronouncedly dissociated when they came into my hands. I treated them by reassociation under hypnosis, not as a rule by direct suggestion. I did not need to hypnotize them—they were already hypnotized by the emotional shock of the shell-fire; but I got *en rapport* with them, and proceeded to bring back their memories and reassociate them and make them more unified personalities. The result was that, the second time I tried to hypnotize them, I found it much more difficult to do so: they were less hypnotizable than before.

That fits in exactly with our theory of hypnosis as an artificial hysteria, but it does not fit in, without some qualification, with the theory of hypnosis as an artificially-increased suggestibility. If this theory were completely correct, then every time one hypnotized a patient he would become more suggestible, and that, as a matter of

fact, is generally the case if one does not take the trouble to reassociate him. If one takes a patient who is hypnotizable, and hypnotizes him, one will find that he becomes more suggestible than before. As a rule, one can benefit him by means of suggestion ; but the objection is that, since one needs to give the treatment a number of times, one has to hypnotize him a number of times, and he thus becomes more dissociated than before, and is readier and readier to fall into a profoundly dissociated state. The suggestion will have done him good, but the repeated hypnotism may have done him harm.

Deep hypnotism should, as a rule, be used only for reassociation and the recovery of lost memories, where a single treatment is sufficient. If one wishes to use suggestion, in a repetitive way, one should use it when the patient is in a waking or semi-waking state. In this way deep hypnosis is avoided. Suggestion is a definite form of treatment, thoroughly justified theoretically as well as by its practical results. But there are only certain special situations in which repeated *hypnotic* suggestion is justified, such as in cases of pronounced drug habits when every other method has failed.

The whole question of the nature of hypnosis and its relation to suggestion is fully considered in later chapters.

CHAPTER II

SUGGESTION AND THE SUBCONSCIOUS

ONE of the most fundamental problems calling for solution by psychology at the present day is the nature of the so-called subconscious or unconscious mind, and its exact relationship to consciousness on the one hand, and to the physiological processes of the brain and other parts of the body on the other. To attempt such a solution is beyond the scope of the present volume. All that one can do here is to deal with certain outstanding facts of normal and abnormal psychology in a general way and to show, by implication, that they indicate the occurrence of processes going on outside the main stream of consciousness, but revealing, by the results they eventually produce in that main personal consciousness, that they are themselves mental and not merely physical in nature.

A simple illustration is the power that many people possess of waking up at a definite (early) hour in the morning by the mere expedient of saying calmly and with conviction to themselves over-night that they will wake up at that hour. Their subconscious or unconscious mind registers this suggestion, retains it in the absence of the main consciousness during the night, and brings it into effect at the right moment in the morning. If dreaming occurs, the subconscious plays a preponderant part in the production of the dream, and may combine the suggestion with the dream in an ingenious way. Thus, on one occasion it was important that I should wake up at five o'clock in the morning. After giving

myself the necessary suggestion over-night I slept soundly, but towards the morning I found myself dreaming that I was doing an afternoon (2-5) examination paper in the Examination Schools at Oxford and that an examiner had called out, "Time, gentlemen, please!" I looked up at the great clock at the end of the room and observed that the hands pointed to 4.57. I then awoke, to find that my watch at the side of my bed registered the same time.

The above example illustrates also the nature of auto-suggestion or self-suggestion, and shows that it is best defined in relation to the subconscious. The subconscious responds to suggestion, that is, to affirmations made with belief or conviction. If emotion is present, the success of the suggestion is still more fully ensured—assuming, of course, that the emotion is of the right kind. In the case of a good or useful auto-suggestion the emotion should be that of enthusiasm and confident expectation (akin to, if not identical with, faith).

Bad auto-suggestions occur involuntarily with all of us from time to time, and in many cases, alas! are all too frequent. The emotion which has special power in reinforcing them is the emotion of fear. These auto-suggestions tend especially to exaggerate and to prolong ill-health of mind and body. In a certain proportion of cases they may perhaps be held responsible even for the initiation or production of such ill-health. It is therefore clear that in all cases of ill-health the inculcation of habits of good auto-suggestion is most desirable, both to neutralize the previous bad auto-suggestions, and also to give an additional uplift to the vital powers of the mind and body.

During the War, those of us who had the opportunity of seeing nerve cases near the firing-line met innumerable examples of functional nerve illness (i.e. illness involving

no detectable organic or structural change in the nervous system) initiated by bad auto-suggestion. One of my soldier-patients was guarding an ammunition-dump, when the dump was blown up by bombs from a German aeroplane. The man, in a state of intense fear, began to run away. Trembling at the knees, he fell down, and at this moment the idea crossed his mind that he was paralysed. He then found that his legs actually were paralysed, and as he had been hit in the back by fragments of earth, he attributed his condition to this. On examination of him at the casualty clearing station I found no signs of organic injury to his nervous system, and therefore dragged him out of bed and urged him to walk, assuring him with the utmost confidence that he would certainly be able to do so. This suggestion neutralized his original bad auto-suggestion, and within a few minutes he had completely regained the power over his legs. Even in such a simple case as this, however, there was an additional mental factor, viz. the wish to become a casualty and so get away from the danger area. In other cases this wish often played a more prominent part in the production of symptoms, although in a subconscious form, i.e. not clearly present in the patient's main consciousness. It played a still more prominent part in fixing the symptoms if the soldier reached the base or England untreated.

The various mental factors at work in producing shell-shock were especially easy to disentangle in early cases, before the lapse of time had consolidated the illness and complicated it with the effects of meditation, false theorizing, and the subconscious working of other motives and desires in the patient's mind. In addition to the two above mentioned, there were two other factors that stood out with special clearness in shell-shock cases of hysterical type. These were: (1) mental dissociation of a crude type, shown by a loss of memory (or amnesia, as it

is technically called) for the events of the frightening experience; and (2) the "bottling-up" of the emotion of fear. The two factors are essentially related to one another, and they are overcome by the same method, viz. by recalling the lost memory, under light hypnosis, with as great a vividness as possible, so that the bottled-up fear is again released. This latter process is known as "abreaction" or psycho-catharsis, and has a definitely curative effect.

The following case¹ is what I would call a crucial instance of the value of abreaction, or the removal of repression and the working off of emotion under hypnosis. "It is the case of a gunner who was admitted to the hospital where I was working, after he had spent two years in military hospitals of different kinds. He was suffering from a tremor of the right hand, dating from the time when he had been blown up at Ypres. He did not remember anything more until he reached his first hospital, and the memory of this interval had never been recalled to him by any of the doctors he had previously seen. I sent him to sleep—that took just about three seconds—and then suggested to him that he should live again through the experience of Ypres. He did so, and began to shout out all sorts of things which showed what had been happening at the time. German shells were falling nearer and nearer the gun pit. He was apparently serving the gun, and someone else was handing him the ammunition, and this person had evidently lost his head, for my patient shouted out: 'What the —— do you mean by pulling the —— pin out of that —— fuse?' Then I noticed that he was going through the pantomime of moving the handle (to serve the gun) with his right hand; his hand began to shake violently and soon he

¹ Quoted from my book *Psychology and Psychotherapy*, Edward Arnold & Co., London, 3rd edn., 1934, pp. 24, 25.

was shaking all over, but especially in his right hand. Then he suddenly became quite still. I suggested to him that he would continue to remember all that he had just gone through and then woke him up. He looked at his hand, which was then absolutely still, with amazement and expressed his gratitude, but his mind still appeared somewhat confused, so I told him to go and sleep it off. An hour later he came back and told me that he had not been to sleep, but that he had been thinking it all over. He knew everything that had happened, and told me that he had not been suffering from shell-shock, but gun-shock. His gun had been blown up, and the emotion which this experience excited in him had been bottled up for two years, with the result that he suffered from this tremor of the hand. The next morning he was able to shave himself with an ordinary razor, for the first time since his illness.

“Now, was this working off of the emotion the cause of the recovery? The alternative explanation is that the recovery was due to suggestion. When this man came to me, however, he certainly did not expect me to cure him. I saw him the first day that he was admitted to the hospital and treated him at once, and he was not likely to have more confidence in me than in anyone else who had previously treated him. As regards the hypnosis, he went straight off without realizing that he was being hypnotized—it was not that which impressed him. As far as one can make out there was no expectation worked up—it was simply the working off of the emotion that re-associated his mind and cured him. That is why I call this a crucial case. In many other cases it may be argued that the cure is the result of suggestion, but this case of the gunner was not of that sort. I do not for a moment wish to deny the working of suggestion in curing such cases, but I wish to emphasize the curative effect of the

working off of emotion as a fundamental factor. It is a more causative treatment than suggestion usually is. Suggestion removes the symptom (although it can often influence the underlying cause of the symptom too); abreaction removes the cause of the symptom by producing fully adequate reassociation.

“ Abreaction of repressed emotion sweeps away the repression, and so frees nervous and mental energy which had been previously needed to hold the repressed memories apart from the rest of the mind and away from clear consciousness. This freed energy is thus put once more at the disposal of the general personality. The previous ‘ fixation ’ of this repressing energy and its deviation from the common fund of energy of the personality explains, to some extent, the feeling of fatigue that generally accompanies a psychoneurosis. The energy of the repressed memories and mental tendencies, i.e. the repressed energy, also of course makes its contribution to the re-integrated personality.”

Thus the simplest cases of functional nerve illness take us beyond mere suggestion and auto-suggestion, and lead us inevitably to an analysis of the unconscious, and to a closer investigation of its constituent elements.

The beginnings of Professor Sigmund Freud's work in psychotherapy were along the lines of abreaction. He found that abreaction did benefit his patients, but he very rapidly passed beyond this to a slightly different method. The tendency at the present day in psycho-analytical circles is rather to belittle the value of abreaction. One hardly finds the name mentioned in recent Freudian literature; and there, it seems to me, a mistake is being made, a method of therapeutic value is being neglected.

Before passing on to psycho-analysis, then, let me say a few more words about abreaction. There is no doubt whatever of its therapeutic value, although Freudians, and also Jung and his followers, now tend to explain the

beneficial effect mainly, if not wholly, in terms of another factor—quite a distinct factor—viz. the factor of transference. We mean by transference the emotional *rapprochement* which springs up between patient and physician in the course of analysis, due—or supposedly due—to the unconscious transferring towards the physician of childish emotional reactions and attitudes of the patient, originally felt towards his father or mother, or other members of his family.

Let me here describe a case which seems to indicate that such a view is too extreme, and which illustrates how abreaction can bring benefit without the factor of transference coming in. It is the case of a man of considerable education, who had for some years suffered from obsessive fear, the origin of which he could not fathom. He would wake up in the morning with this fear weighing down his mind.

After reading in my book, *Psychology and Psychotherapy*, about the method of abreaction, as used in treating shell-shock patients, he thought that he would try to cure himself by a similar method. He endeavoured to recall earlier and earlier memories of his past life, using the method of concentration, to all intents and purposes producing a light degree of self-hypnosis. At length he seemed to get the following memory: it was half a memory, half a waking vision. He seemed to be in a sort of compound in India with two natives. He experienced intense heat, such heat as he never before remembered experiencing in his life, and seemed to see a black kid lying on the ground with its throat cut and blood pouring out of the wound. He felt intense terror as he went through the experience. This terror grew and grew like a bubble. It got bigger and bigger and at last seemed to burst, and all at once the fear began to subside and eventually disappeared, and he remained free of it afterwards.

As far as one could make out (he came and told me of it afterwards ; I had not treated him at the time), he had cured himself of the fear by bringing up this memory. He could not be certain that the memory was a real memory, but thought that it probably was, because he had lived in India up to the age of two, when he left it for England, and had not returned since. It was thus probably a real experience, if not in all its details, at least as regards its central kernel, and its revival was effective in curing him.

Now, notice that he did not abreact this experience in relation to another person. He was not in a doctor's consulting-room, telling the doctor what he could remember. He was alone, by himself. He had not even gone to a doctor beforehand, so that one could not describe it as a transference towards the doctor when the doctor was not present. He had not applied to any doctor for treatment at that time. He came on to me afterwards, simply to talk the matter out still further, and to learn whether he had been working along the right lines, and how he should proceed in order to ensure that the fear-some experience should not return. For permanent cure, such a case would need further systematic analysis.

A case like this seems to be a refutation of the view that the only beneficial effect of abreaction is gained through the transference. We must be very careful about this. I do not want to claim too much for abreaction. I gladly admit that what is called transference is a factor of cure, and that in many of these abreaction cases transference is an additional factor. What I do contend is that the abreaction by itself has therapeutic value due, no doubt, to the reassociation of the mind and of the nervous system which it involves.¹

¹ See *Psychology and Psychotherapy*, 3rd edn., pp. 83-87.

CHAPTER III

MENTAL ANALYSIS

SINCE the War, I have had the scientific good fortune to meet with a case of hysterical amnesia with "bottled-up" emotion and physical symptoms, closely similar to the case of the Ypres gunner described in the previous chapter.

This second case was a motor driver who suffered from a tremor of the right hand,⁷ which had set in shortly after a motor accident. He had just succeeded in avoiding collision with another car, but had run into a ditch in consequence, and his car had overturned. He was driving with his right hand at the time. His memory for the accident was vague and disjointed. Under light hypnosis (see Chapters VIII and XI) I made him live again through the whole experience with emotional vividness, so that all the gaps in his memory were filled in. As he went through this process of abreaction his hand trembled still more and then became quite steady. It remained steady after he had been awakened from the hypnotic sleep.

This cure may be explained as follows: A patient with a "lost" painful memory is in such a condition that he needs to use a certain amount of mental energy or nerve energy in holding back this distressing experience from the notice of the main personality. By forcing the memory up into his main consciousness one breaks through that cordon of repressing energy, so that the repressing energy is no longer needed to hold the memory down, and yet it is not taken away from the patient and he

can use it for other purposes. He has to face the unpleasant memory fairly and squarely, and it thus becomes harmless once more. The circumstances of his accident made this impossible for my patient at the time, hence the memory was able to persist in a dissociated state in the unconscious, and reveal itself through the persistent tremor of the right hand.

The metaphor I like to use is that of a business man who is being blackmailed. He may be frightened at first, and be ready to pay the blackmailer his fee, perhaps year after year, to the detriment of his business. If, however, he meets a sensible friend who urges him to do the right thing, to face the blackmailer, in open court if necessary, and tell him to do his worst, then matters are eventually readjusted, and he can now spend this money on his business again.

Crude dissociation such as I have described occurs as the main or central symptom in hysteria only. An additional example is described in full detail in Chapter VI. But, as we shall see in Chapter VII, there are other forms of functional nerve disease—or psycho-neuroses, as they are otherwise called—in which this crude form of dissociation does not occur, but in which the same general factors of mental conflict and repression, in addition to bad auto-suggestion, are recognizable.

It is to Joseph Breuer and Sigmund Freud that the credit is due of being the first to suggest, not the above-mentioned view of a repressing energy, but the view that dissociation is the result of mental conflict and subsequent repression. They found that if the lost memories were induced to come up with emotional vividness by hypnotism or by long talks, and talked out (abreaction), the patient felt better. But the now famous doctrine of psycho-analysis was a later development, for which Freud alone is responsible.

PSYCHO-ANALYSIS

The word "Psycho-Analysis" connotes both a method and a theory. As a *method* it is a method of free association, of bringing back early memories, early phantasies, and early mental tendencies by getting the patient to fall into a state of reverie with the critical sense in abeyance and to allow ideas to come up from the unconscious. It was found by Freud that these ideas, when they came up, were often emotionally tinged. It was found that memories of early childhood eventually appeared, and especially that memories in relation to what Freud calls infantile sexuality appeared to have more and more prominent value and importance in relation to the symptoms and in clearing up the symptoms.

Thus, in addition to the method of psycho-analysis there has arisen the *theory* of psycho-analysis, according to which the psycho-neuroses are due to disturbance of sex-development, the theory that the sexual life on its psychical, if not on its physical, side begins early in life, that it is not single but multiple, that there are a number of partial processes or tendencies (sadism, masochism, exhibitionism, sexual curiosity, etc.), and that these tendencies of early life can undergo normal development, in which they are partially transformed, parts being outgrown, parts converging to form the unitary sexual instinct of adult life, and the remainder being "sublimated" into higher forms of social and intellectual activity. If any partial process persists untransformed, it constitutes a perversion. If it persists but undergoes repression, the result in consciousness is the symptoms of a psycho-neurosis.

The modern form of Freud's sexual theory contains many additions to and complications of the above bare outline, especially as regards the phenomena of narcissism,

or self-love, and his formulation of the whole doctrine in terms of mental energy under the name "libido theory." This is briefly set out in Chapter IV.

REPRESSION

The general conception of repression may be explained in an elementary way as follows: If one is faced with a temptation that is out of harmony with one's main personality, there are three general ways of dealing with it. One may give way to it—lower one's ideals to make way for it and consciously surrender oneself to it. The result is nothing very harmful from the narrowly medical point of view, however harmful from the moral point of view, in regard to the health of the soul. Another way of dealing with it is to face it, to consider it carefully in relation to one's ideals, one's social and domestic duties and one's general purposes, and then to reject it by reason. Here, again, the result is a normal solution of the conflict, free from morbid symptoms, and the personality emerges from the conflict with added power of will and undiminished coherence. But there is a third way, the way of compromise and cowardice. One may be astonished to find that one is capable of such a craving and turn one's mind away in horror. Like the ostrich, one buries one's head in the sand and hopes half-heartedly that the enemy will pass one by. One distracts one's mind and looks elsewhere, but not whole-heartedly. The result is that dissociation occurs. The experiences tend to fall away from the general sway of the conscious mind, they are repressed and pass into the unconscious. They retain their original energy, and from their new vantage ground produce stress and strain in the conscious mind which the latter does not understand, and ultimately produce an outbreak of physical symptoms or mental symptoms, or both. The right way to deal with a

repression of this sort is to recall the memories to the patient's mind, to call the craving up again, and let the patient face it and deal with it as a normal person would do, intellectualize it and destroy it, or sublimate it, i.e. direct it in modified form to useful social activities.

PRECONSCIOUS AND UNCONSCIOUS

Freud's own doctrine of repression is more complex and technical than this, and is closely bound up with his general theory of the unconscious. Freud avoids the term subconscious, preferring to call the out-of-consciousness part of the mind the unconscious. But within this general unconscious he distinguishes two forms, viz. the preconscious and the unconscious proper. The distinction is, put briefly and not quite accurately,¹ one between unrepressed and repressed memories and mental activities, and does not exist in the early years of childhood, but gradually takes shape as the child passes through the various stages of conventional, social, and ethical education. This course of education, together with the natural development of the mental life, involves the repeated process of repression. Primitive tendencies are held in check and driven out of consciousness by the activity of the ethical ideas of later development.

The distinction is also one between two different forms of mental activity, a primary process and a secondary process, as Freud calls them. The primary process is characteristic of the mental activity of early childhood. The young child turns away from pain instead of facing it, and tends to cling to the memories of earlier pleasurable experiences, and to seek the satisfaction of its clamouring desires or wishes in the form of intensified memories of

¹ Since the censorship or super-ego—the repressing factor—is itself a part of the unconscious.

previous satisfactions. This is what Freud means when he says that the unconscious can do nothing but *wish*.

So soon as the power arises of freeing oneself from the exclusive influence of the memories of previous satisfactions, and of turning to seek means of bringing about a new and objectively-satisfying experience by changes in the external world, the secondary process has set in. The secondary process, which is the characteristic form of activity of the preconscious, can face painful experiences and memories, and make use of them in bringing about desirable changes in the outer world instead of merely turning away from them. It is this "turning away" in early life which is the beginning of repression and the pre-condition of all later repressions. The abandoned memories and desires in the unconscious persist in all their pristine vigour, and serve as a nucleus of attraction for later suppressed¹ tendencies of the preconscious that happen to be at all analogous to themselves. These are thus drawn into the unconscious and fall under the sway of the primary process.

THE CENSORSHIP OR SUPER-EGO

The repressing force of the secondary process is known metaphorically as the *endopsychic censorship*,² and constitutes a *resistance* placed "like a screen" between the unconscious and the preconscious. The repressed tendencies and ideas of the unconscious can reach consciousness only after first overcoming this resistance, undergoing certain changes in the process (distortion), whereas the tendencies and memories of the preconscious can pass unchanged into consciousness so soon as an appro-

¹ Note that suppression (*Unterdrückung*) in Freud's theory is not the same as repression (*Verdrängung*).

² In more recent writings, Freud uses the term "super-ego" (*das Ueber-Ich*) in place of this metaphorical expression. See S. Freud, *The Ego and the Id*, Hogarth Press, London, 1925.

priate distribution of the mental function known as attention is secured. I myself would define consciousness as "awareness of mental activity," in harmony with Freud's view.

Freud's most recent scheme of analysis of the individual mind emphasizes three parts, viz. the ego, the super-ego (*das Ueber-Ich*), and the id (*das Es*). The ego is the organized part of the personality, the super-ego is the repressing factor—in the main or wholly unconscious—and the id is the libido, i.e. impersonal sexual energy, subject to repression but capable of sublimation.

DREAMS

There is thus a species of dissociation present even in the normal mind, and mental disease, instead of producing this dissociation, merely emphasizes it in certain cases by disturbing the equilibrium of psychic forces interacting between the two systems of the unconscious and the pre-conscious. The proof of this is to be found in the phenomenon of *dreaming*, which is a normal function of the mind. Freud holds that in dreams the wishes of the unconscious succeed in reaching consciousness in a disguised or distorted form owing to the diminished efficiency of the censorship during sleep. The "manifest dream content," as it is called, consists of a patchwork of memories, some of them in every case coming from the previous day, showing peculiarities known as condensation, displacement, dramatization, and secondary elaboration, the exact nature of which we cannot go into here.¹ The meaning of the dream, or the system of "latent dream thoughts," is very different from this, and is, in Freud's view, invariably the fulfilment of a repressed wish or wishes

¹ See *Psychology and Psychotherapy*, pp. 44, 45, for an explanation of these characteristics, the first three of which are the result of what Freud calls "dream-work."

from the unconscious. The "symbolism" so prevalent in dreams originates from the latent content, and is not a product of dream-activity. The method of psycho-analysis is employed in the task of discovering the latent dream thoughts. The dreamer directs his attention to different parts of the manifest content, in succession, and follows the train of associated ideas that arise in his mind from each, carefully avoiding any criticism of them, but recording them faithfully as they appear in consciousness, however objectionable or painful some of them may be. He will then find that all these trains of "free" associations converge to one system of ideas which originates from the unconscious and consists of repressed wishes. In every dream there is also fulfilled the wish of the pre-conscious to sleep, so that every dream is a compromise between the wish of the preconscious to sleep, and one or more wishes emanating from the unconscious. Both wishes are fulfilled by the dream. Now, in Freud's theory, the symptoms of hysteria are analogous to the dreams of normal persons. They, too, are the disguised fulfilment of repressed wishes in the unconscious,¹ but so chosen that they also fulfil a counter-wish from the preconscious, generally of the nature of a self-punishment. By means of psycho-analysis these wishes may be brought to consciousness in their true form. Success in this means the cure of the patient, since he is now able to deal with these repressed tendencies more rationally, and either sublimate them, i.e. direct them to higher and more social ends, or give them moderate satisfaction. His personality is stronger and more completely developed

¹ As Freud says: "These unconscious wishes are ever active. . . . To speak metaphorically, they suffer no other form of annihilation than did the shades of the lower regions in the *Odyssey*, who awoke to new life the moment they drank blood." *Interpretation of Dreams*, 8th edn., translated by Dr. A. A. Brill; London: Allen & Unwin, Ltd., 1932, p. 509.

now than it was when the repressions first took place, and is therefore better able to deal with them.

ALTERNATIVE THEORY OF DREAMS

Freud's theory that every dream is the disguised fulfilment of a repressed wish is difficult to reconcile with the "battle dreams" that were reported by our patients in such profusion during the War. For these dreams are not quite analogous to the "anxiety dreams" of peacetime, and even Freud's explanation of the latter in terms of his theory, viz. that in them the censorship has been overpowered by forbidden sexual wishes welling up from the unconscious, is not in all cases convincing.

In my own view, neither repression in the Freudian sense nor the action of unconscious wishes is essential to the production of a dream. Other conations, or mental strivings, besides wishes may act as essential factors—conations, too, which as such are not in a state of repression. The function of a dream is to guard sleep. Sleep is an instinct, like pugnacity, flight, curiosity, self-assertion, etc., which has survival value and has been developed in the course of evolution. At night, this instinct of sleep comes into play, but it finds itself in conflict with other instinctive tendencies, as well as with the assaults of external impressions through the senses. Desires, cravings, anxieties, the memories of earlier days, linked up with and sustained by the more elemental strivings of the organism, well up and struggle toward consciousness, while the main personality is in abeyance. If they reach clear consciousness, sleep is at an end, but the dream, which is a sort of intermediary form of consciousness, intervenes and makes the impulses innocuous so that sleep persists. External impressions are woven into the texture of the dream in modified form and apperceived after the manner of an illusion, while the inner impulses undergo

varying degrees of distortion. Such a theory as this is sufficiently general to cover all types of dreams. As regards the interpretation of dreams, I would say that a dream is like smoke showing where the fire is, but I feel doubtful of the validity of the excessively detailed interpretations that the Freudians obtain from dreams. As regards symbolism in dreams, I would agree that primitive tendencies in the unconscious bring their symbols with them—symbols that have their counterpart in the pictorial imagery of myths and legends.

I agree with C. G. Jung that dreams are often prospective in nature, being primitive attempts at adaptation to a present or future situation. I also accept his theory of a "collective unconscious," including racial and archetypal factors.

TRANSFERENCE (*Uebertragung*)

A factor in the method of psycho-analysis which must now be mentioned, to which Freud attaches great importance, is that of "transference." Gradually in the course of analysis the patient becomes more and more linked up with the doctor, more and more impressed with his personality. An emotional *rapprochement* is set up, akin to love, and this seems to be an essential factor in cure. Freud sums up the situation in the following words: "If the patient has to fight out the normal conflict with the resistances which we have discovered in him in the course of the analysis, he is in need of a powerful motive force to influence the decision in the sense, desired by us, leading to recovery. Otherwise it could happen that he might decide for a repetition of the previous result, and let that which has been raised into consciousness slip back into a state of repression. The deciding factor in this fight is, then, not his intellectual insight—which is neither strong enough nor free enough for such a function—but

solely his relation to the physician. So far as his transference is of a positive nature, it clothes the physician with authority, and transforms itself into faith in his statements and views. Without such transference, or if the transference is negative, he would not for a moment let the physician and his arguments come to a hearing.”¹ Freud asserts that in transference earlier emotional tendencies, the feelings experienced by the patient in early years towards his parents and other persons in his immediate neighbourhood, are unconsciously transferred to the doctor. If the feeling is one of affection or liking the transference is positive, if one of dislike or hate the transference is negative. We here have a reference to the famous “Œdipus complex”² of Freudian theory. Just as Œdipus, in Sophocles’ tragedy, unwittingly killed his own father and married his own mother, so the very young child is considered to feel intense love for the parent of the opposite sex, and hatred and jealousy towards the parent of the same sex. These feelings undergo repression and transformation during subsequent mental development, but in the neurotic subject they persist in the unconscious and furnish the material for transference in the course of psycho-analysis, and also in other relations in life.

This doctrine of the Œdipus complex and Freud’s general theory of infantile sexuality seem to be borne out by psycho-analytical experience, but in my opinion the sexual element involved should be understood in a very general sense, with little resemblance to adult sexuality. Without denying that past likes and dislikes may and do

¹ S. Freud : *Vorlesungen zur Einführung in die Psychoanalyse*, 1918, p. 522 ; translation mine.

² “Complex” is a term, first introduced by C. G. Jung, to denote a system of repressed and emotionally tinged ideas which, under cover of the unconscious, exerts a more or less baneful influence on the working of the conscious mind. A complex is an autonomous system in the mind (i.e. obeying its own laws) and dissociated from the main consciousness.

have influence over one's present feelings towards the people of one's environment through the factor of similarity, one does not find sufficiently convincing evidence that this emotional *rappport* between doctor and patient is always merely a re-edition of early experience unconscious of its origin. The Freudian view is that transference can be resolved by further analysis, whereby its origin in the Œdipus complex becomes manifest to the patient himself. So far as the emotional relationship is one of "transference" this is probably correct.

Freud explains suggestion in terms of transference, and holds that when symptoms are removed by suggestion treatment, no real cure has been produced, but the symptoms have merely been replaced by another symptom, viz. psycho-sexual dependence of the patient upon the physician. The facts of auto-suggestion alone are sufficient to refute this theory. The working of suggestion in very early life, before the factor of transference could have any validity, likewise refutes it.

AUTOGNOSIS

In the course of mental analysis, the patient obtains a more and more objective view¹ of the past course of his mental life. He learns to understand himself better. He gets to know more fully his "dubious desires," what he really wants of life. He understands more clearly in what respects he has failed in the past to adjust himself adequately to the demands of life and to the peculiarities of his own nature. He becomes more fully aware of the relation between his present mental condition and his past history on the one hand, and his ambitions, hopes, and fears for the future on the other. This process of intel-

¹ Schopenhauer has made the statement that "genius is simply the completest objectivity." In a less degree, objectivity is a condition of mental health or sanity in all men.

lectualization of the mind, whereby the patient gains an unbiased view of his own life and an ever-deepening insight into its true nature, is one of the most important factors of cure in the course of mental analysis, for which I have suggested the term "autognosis."¹ It is knowledge that sets one free. Freedom of the will has no meaning apart from intellect, although, of course, it is a matter of other mental powers in addition to that of the intellect.

¹ The Greeks had a name for it ! Γινῶθι σεαυτόν—"Know thyself"—was the counsel of a Greek sage long before the time of Socrates. The Socratic method may, in its turn, be regarded as the forerunner of modern analytical psychology.

CHAPTER IV

THE LIBIDO THEORY OF FREUD

WE have seen that Freudian psycho-analysis is both a method and a theory, and that the theory is based upon the findings of the method. This theory is not easy to describe in a few words at its present stage of development, but the essence of it in its earlier form is that the psycho-neuroses are due to a disturbance in the development of the sexual instinct in the first years of childhood. The view is that the sexual instinct is not a simple instinct which arises at adolescence in the psycho-physical organism, but that in quite early years there are the beginnings of sex, in the form of independent, distinct tendencies of the mind. During the first four or five years of the child's life there are emotions and feelings which can only be described as sexual, linking him up with his father, mother, brothers, sisters, nurse, etc., as well as so-called auto-erotic phenomena. At the age of about five, however, as a result of further spontaneous development and of further training in social morality, and also as a result of the further natural development of the mind, a repression of these experiences takes place, and the child passes into what is called the "sexual latency period," where sex is not a manifest mode of reaction, until adolescence occurs. In other words, according to Freud there are really two crises of a sexual nature in early life, and not one, viz. the crisis at the age of about five and the crisis at the later stage of adolescence.

I wish to avoid going into this matter in any detail and describing the various infantile sexual tendencies, and the

way in which they are supposed to be repressed, sublimated, etc., because my aim is merely to give the general form of the Freudian theory. Freud does not, of course, explain everything in terms of sex. He admits that there are ego instincts as well as sexual instincts. What he does say is that a psycho-neurosis is the result of conflict between the claims of the ego and those of the sexual instincts.

In the more modern form of his theory he makes a systematic use of the conception of "libido." Libido, for him, is sexual energy, not unlike—if you consider it metaphorically—the electric charge which spreads over a conducting surface. This libido, or sexual energy, may be directed towards objects outside the individual or towards the individual himself. At the beginning of life this sexual energy is fixed upon the individual himself, and that state is known as the state of narcissism. The claims of life, however, call out this libido, so that it can become fixed upon surrounding objects, father, mother, whoever it may be, although a certain amount of it continues fixed upon the self—the child is to a certain extent narcissistic, or in love with himself, although he may be in love with other people as well. As a result of mental conflict—incompatibility of feelings—redistributions of the libido may take place. More of it may become fixed upon the self: the patient may become more narcissistic. In the psychoses, such as schizophrenia and paranoia, that is what has happened almost in its completeness. These psychoses are called by Freud himself "the narcissistic neuroses." Instead of the emotional energy going out to people around, it has been withdrawn and become fixed upon the patient himself, upon his own self.

I wish to emphasize the point that Freud's modern theory of libido is a great advance upon his earlier work. Although we may find it impossible to accept it in its

entirety, we ought, as scientists, to be grateful for the theory as bringing new points of view to bear upon an extremely difficult subject, where up till now very little real explanation has been vouchsafed us.

Freud would seem, however, to go too far in his application of the libido theory. For example, in his *Group Psychology and the Analysis of the Ego*, he refers, in a footnote, to the War neuroses in terms of the disappointment that the soldiers felt at the inconsiderate treatment they received from their superior officers. Put quite briefly, he gives as the reason why there was so much shell-shock in the German army that the discipline was harsh and inconsiderate, and the emotional relation of the soldier to his superior officers was thus disappointed in its aim, was checked, and it was for that reason, he says in this footnote, that the splendid instrument of the Prussian army broke in the hands of its generals at the last.

As against that view I would point out that there was also a good deal of shell-shock in the British army, and that we who dealt with these cases know quite well that it was not dependent to any great extent upon any harshness of treatment that the soldiers may have received from their superior officers.¹ If anything, there was more shell-shock where the officers were more considerate or less strict. What we found was that the better the discipline, in any division, the less shell-shock there was in that division. (I do not, of course, mean by "discipline" harshness.) We found no close relationship between harshness among the officers and shell-shock among the men. Officers also suffered from shell-shock, and in relative independence of their treatment by *their* superior officers. I feel no hesitation in rejecting this application of the libido theory.

¹ There was very little harsh treatment in the British army.

Libido is emotional energy of a sexual nature. The word "sexual" is used in its widest sense, as we are so often told nowadays. It does not mean merely sensual feeling, but all feeling of attraction, of affection, the sort of feeling that may not only arise between persons of different sexes, but may subsist between persons of the same sex in the form of friendship, between parent and child, between master and pupil—in fact, in Freud's modern theory it covers the whole field of emotional attraction, of emotional relationship. He uses the word "libido" even when there is no primary sexual character present at all, where what he calls the sexual end or aim is absent, where the impulse is *zielgehemmt*—inhibited in its aim. This makes the theory more elusive, more difficult to test, or to verify by independent investigation.

We have seen that, for Freud, the psycho-neuroses—hysteria and compulsion neurosis—have their beginnings in the first few years of childhood, and are the result of repressions that occur at that time. Repressions that occur later on are only repressions because they have a relation to these early repressions, and these early repressions are to a great extent unconscious, so that in repression it is not so much a case of clear-cut mental conflict with a rejection of one side—of one of the conflicting systems; it is, one might say, rather a case of incompatibility, and tendencies are repressed before they become conscious at all, though other tendencies may come into consciousness and then be driven out again. The neurosis sets in when these repressed tendencies, through additional strain on the mind, can once more make themselves felt in consciousness. They cannot appear in their true form, but they appear in disguised forms. Here, then, there is a distinction between an organized ego and repressed tendencies that do not form part of self-consciousness.

We may now consider a different situation which is

often mistaken for the earlier one that I have just described—the situation where there is a conflict in the mind between ideal and reality. This conflict is also taken account of by Freud, and is used by him to explain a certain form of nerve trouble, viz. one form of melancholia and manic-depressive psychosis.

At the basis of this form of melancholia and of manic-depressive psychosis there is the great contrast between what Freud calls the “ego” and what he calls the “ego-ideal.”¹ The ego is to a certain extent the organized ego that has gradually grown up in the course of childhood and adolescence. The ego-ideal is a general term covering all those tendencies of passing judgment upon the more spontaneous forms of mental activity. The ego-ideal includes what we know as conscience; it includes, we may presume, æsthetic appreciation, and social conventions, so far as the individual has identified himself with them. All these together make up the ideal as distinct, I will not say from the *real*, but from the *actual* set of egoistic tendencies..

Now, in different people the contrast between the ego and the ego-ideal varies. In some the contrast is not very pronounced; in others it is of a medium degree of definiteness; in others, for some reason or other, it becomes extreme, and in these cases, under special conditions that I will describe presently, melancholia may set in. Melancholia sets in when the ego is ruled too harshly by the ego-ideal, when the patient identifies himself, in a way, with his ego rather than with his ego-ideal, although he looks at his ego from the point of view of his ego-ideal.

But a further factor is necessary, according to Freud.

¹ The “ego-ideal” appears to be almost, if not completely, identical with the “super-ego” in modern Freudian literature. The latter term appears, however, to be the more general of the two, being rooted in the unconscious, and is in more general use at the present time.

Freud points out that in a number of cases of melancholia the beginning is to be found in a great disappointment. This is of the nature of a disappointment in love. It may be sexual love ; it may be love of power, etc. And so what Freud calls the libido is withdrawn from the object of love and is then turned inwards upon the subject himself.

But now something further has happened : the subject, through being in love with the object, whatever it may have been, has identified himself with that object. What Freud has called " identification " has taken place. The love has been a particular type of love, the narcissistic type, in which the individual, the ego, has become identified with the object. The libido is now withdrawn from the real object, is disappointed with the real object, and the feelings are directed inwards upon the ego.

These feelings, however, are not now of the form of love, but rather of the form of reproach, disappointment, and depreciation. The patient seems to be depreciating himself, to be disappointed with himself, to undervalue himself. These feelings of his are really so persistent in the face of apparent contradiction because at the back of the self there lurks the object with which the self has been identified, so that the reproaches that the melancholic makes against himself are really made against the object, but, since the libido has been withdrawn from the object as the result of disappointment, the object can only be found within the self in this condition of identification and introjection.

To proceed further : although there are cases of simple melancholia such as I have described, most cases of melancholia are found to alternate with states of exaltation or mania—in an extreme form this stage is called the stage of mania. What happens here is that the ego and the ego-ideal, which have been kept so far apart, coalesce

once more. There is regression to the earlier stage where there was not so great a division, a kind of abrogation of the ego-ideal. The law has been found too strict, the mind has at last rebelled. Freud compares this situation to the festivals and orgies that may take place in relatively civilized groups or nations. He says that it seems as if the mind cannot sustain for any great length of time this contrast between the ego and the ego-ideal; it is only tolerable if it is from time to time abrogated.

That is, in brief, the explanation¹ which Freud (so far as I understand him) gives of certain forms of melancholia and manic-depressive psychosis, and I must confess that the experience I myself have had in treating manic-depressive psychosis—milder as well as more extreme cases—makes me feel sympathetic towards this theory. One finds that in some cases it corresponds closely with the facts. On analysing a case of depression, one will often find that these reproaches which the patient is so persistent with are not really directed against himself; they are directed against someone or something else. There has been a disappointment, and that has been the fundamental cause of the outbreak of the depression.

I think we can all test this theory in ourselves, for there are very few people who do not suffer in some slight degree from alternations of depression and exaltation.² Very few of us have escaped from attacks of irrational depression—depression that goes far beyond the conditions of the situation, that is not fully explained in terms of the momentary mental situation at all. Often, no doubt, physical health has something to do with it—disturbance

¹ Freud's hypothesis of the existence of a "death instinct," set out in his book *Beyond the Pleasure Principle*, is a more questionable matter.

² The term *cyclothymia* is a useful designation of the tendency to alternation of depression and exaltation of slight intensity. Cyclothymia responds fairly well to psychotherapy.

of the liver, disturbance of other organs of the body through septic absorption, etc. ; but if we are honest with ourselves and look more closely into the situation, we shall find that there is a disappointment in love, or in ambition, or in some particular ideal which one has set before oneself, which one has found cannot be harmonized with reality, and that this has been the beginning of the trouble. And although one is depressed and has a tendency to blame oneself rather than others, there is really at the back of one's mind the more fundamental tendency to blame the circumstances of that disappointment, to blame either an individual, or an institution, or a set of conventions, or the "scheme of things entire."

And if we consider in others whom we have had an opportunity of observing, or even perhaps sometimes in ourselves, the tendency to do away with oneself and end it all, we shall find that this tendency is sometimes not so much really a suicidal tendency as a homicidal one. The tendency is to turn against someone else, but for moral or other reasons we cannot turn against anyone else, and so we turn against ourselves. This problem of suicide is one of the most interesting problems of psychology—how an individual can come to destroy himself. Almost every week we read of cases like this ; cases, perhaps, of people that we have known and thought we had understood, and then this event has come and thrown out all our calculations. I believe we shall find the solution in some cases, although by no means in all, along this particular line.

Then, to go on to those forms of mental illness that are not so frequently referred to when people discuss Freud's theories, delusional insanity in the form of persecution mania, where the individual hears voices that seem to upbraid him, etc., the explanation is probably more or less what Freud has claimed it to be, viz. a case of de-

generation of the ego-ideal. The ego-ideal has been built up out of prohibitions at different stages of the individual's life, prohibitions arising first from parents and people in the immediate environment, then later on from school and from the social conventions themselves, gradually evolved and unified to form the more abstract creation of the ego-ideal.

Well, if under the influence of disease that development is disturbed, if through disease a regression takes place, if a regressive activity or involution occurs, this ego-ideal becomes resolved again into its constituents, into that from which it has evolved, viz. the prohibitions of parents, teachers, and others; and the voices which the patient hears can be regarded as corresponding to the voices of parents and teachers of the past. I do not mean, of course, that the patient really hears his parent's voice again, although that did occur in one of the cases I have described in one of my books (*Psychology and Psychotherapy*, 3rd edition, pp. 202-205). After an unfortunate incident in the patient's life at the age of 26, for which he had good reason to blame himself, he believed that he heard voices reproaching him. These seemed to be the voices of his parents, brothers, and sisters, and the reproaches corresponded with the psychological situation.

To give two more instances of manic-depressive psychosis, among many, that have come to my notice: in one case the patient had always striven to live up to a very high ideal, had been determined always to look upon the bright side of things, had turned a brave face to difficulties and refused to give in or to make complaints. And yet all the time at the back of her mind there had been a feeling that she should have been better understood, that, without having to make complaints and without having to ask for sympathy, sympathy should have been extended to her. Sympathy, however, was not forthcoming, and

the result was that she became more and more disappointed with her partner, whom she really loved, and who, she was convinced, loved her, and a state of divided feeling occurred—a part of this love was withdrawn in upon herself, and she fell into a state of depression in which she blamed herself. The blame was really directed towards this other person, and that showed itself very plainly when the stage of exaltation occurred, because in the stage of exaltation she felt pronounced irritation with this other person, and had a tendency to spend money inconsiderately as a kind of revenge upon him. The ego and the ego-ideal fuse, and that lasts for a time; and then the ideal gets the upper hand, and depression sets in once more.

When should one give the treatment? Not as a rule at the time of exaltation—indeed, if one tried to give it then, one would generally fail. My patient was too satisfied with herself in that stage to consider that she needed treatment¹; but in the depressed stage one could, by talking to her and encouraging her to talk, get her to realize the true situation more and more, to see that her laments were not directed against herself, but that she was really blaming someone else, and get her to face the situation honestly. If one does this with a patient, the depression may become much less, and there will not be so much reason for the outbreak of mania at the end. If one can give the patient deeper insight into his own mind, one will diminish the fury of the excitable stage when it does occur, and so damp down the oscillations of depression and exaltation. I should agree with Freud that such cases do benefit to some extent from analytical treatment.

Another case with which I had to deal was that of a business man, who had been depressed for several years

¹ Relaxation and rest are, however, specially needful in this stage.

and came to me for treatment when in that stage. He was analysed and was also given suggestion treatment, and one found that his depression was definitely linked up with a disappointment as regards someone else who, he thought, did not sufficiently understand him, although she was making tremendous efforts to get him well, was refusing to let him be put into an institution, and was insisting that he should have psychotherapeutic treatment. In spite of all this there was at the back of his mind a feeling of grievance against her, of intense disappointment, and the blame he directed upon himself was really being directed upon her.

After this long period of depression a period of exaltation suddenly set in, in which he felt extremely well and self-confident, and accompanying this there was a real, conscious misunderstanding with the other partner of the psychological history, and he became convinced that *she* needed treatment, and was most anxious that she should come to me for such treatment—in other words, the reproaches that were hidden, disguised, in the depressed stage, came out very definitely in the exalted stage.

CHAPTER V

SCHOOLS OF PSYCHOTHERAPY

I. FREUD, JUNG, AND ADLER

WE have seen that Professor Sigmund Freud's theory is expressed primarily in terms of libido. Although he does admit ego instincts as well as sexual instincts in his scientific system, most of the explanation which he gives of nerve trouble is in terms of alteration of distribution of libido. Libido is withdrawn from objects, is repressed, and becomes redirected upon the ego, and changes the situation into that of a degree of narcissism, etc.

For Freud, libido means sexual energy. When we turn to Professor C. G. Jung we find that he uses the same term in a much wider sense, meaning by it all forms of emotional energy. He himself says that it is similar to the *élan vital* of Henri Bergson. But there is a difference, since the "élan vital" is a metaphysical principle which Bergson has used to explain everything, a fundamental principle in terms of which matter and mind and all the phenomena of existence are finally explained; whereas with Jung it is what he says it is, emotional energy, i.e. it is not a metaphysical but a scientific principle with him. The word is a none too fortunate one, because in late Latin, as in earlier times, it has had a definite sexual meaning.

Now, as regards his explanation of psycho-neurosis, Jung emphasizes the factor of mal-adaptation to present conditions. A patient falls ill because his emotional energy is not adequate to the present situation. His

emotional energy cannot be used in overcoming the present difficulty, and thereupon regresses, is reflected back, and re-energizes earlier phantasies and earlier memories, and becomes fixed upon them, and psychoanalysis is necessary in order to get hold of this reflected or regressing libido. Jung advocates a similar method to that of Freud, going back over the past life of the patient, and bringing up past memories and even phantasies; but with Jung the importance of these memories and phantasies is rather that they carry with them the libido which has been lost from the present situation, and that, if they are brought up again, the libido becomes available to the patient once more so that he can meet his present difficulties more adequately.

But in a situation where the patient is not equal to his difficulties, one has to ask the further question, "Why is he not equal to the present situation?" and the reason for that has to be sought in his earlier life, in previous difficulties, mental conflicts, repressions, and fixations. That is what is done in the Freudian method of psychoanalysis—in reductive analysis. Freud looks to the past for the causes of the difficulties of the present.

Without enumerating all the many points in which Jung differs from Freud,¹ one may remark on certain fundamental differences. Whereas Freud is a determinist in his psychology, Jung is not. Jung considers that mind as such is prospective; it needs to be explained with reference to its ends or goals as well as through its antecedent events. There is, in his view, an element of freedom in mental activity, although he has not yet made clear in his writings what exactly he means by freedom. In this contrast between Freud and Jung one's sympathy is with Jung.

¹ For Jung's own statement of these differences, see his *Modern Man in Search of a Soul*, Chap. VI, entitled "Freud and Jung—Contrasts," pp. 132-142. London: Kegan Paul, 1933.

Freud seems to hold that he has given psychological reasons for belief in determinism. He appears to claim that this is one of the three advances which psycho-analysis has brought to psychological science. One would say in reply, that determinism in psychology is of much earlier date. It is set out in the writings of Aristotle, and is explicitly adopted by Spinoza, Comte, and other writers.

Freud has indeed shown that conscious actions, slips of speech, bungling actions, etc., which may seem accidental, really have an underlying psychological cause. In many cases Freud may have given the right explanation of these apparently accidental occurrences, but that in itself, of course, does not prove determinism. It merely shows that there is more psychological significance in what occurs than may appear on the surface. The truth is, from the point of view of theory, that determinism can never be proved. It can never be more than a *postulate*, and that is how it is employed in psychological science. One can adopt the postulate that everything psychological has a psychological cause, that there is a sufficient reason for everything, and one may decide to look for that reason in previous history, in antecedent mental events, and where one meets with gaps one may fill them up by assumed or imagined links, by other forms of mental process. And, indeed, so far as one keeps to psychology as a science, the science of mental process as it occurs in time, one has to keep true to this postulate of determinism. If one passes beyond it one is passing beyond psychology; but I would suggest that this merely shows how inadequate psychology is as a complete explanation of mental process.

In this problem of determinism one comes up against the contrast between psychology and philosophy, and just as, on the one side, psychology is closely allied to biology and physiology, and cannot be adequately studied without reference to all that we know in biology and

physiology of the instinctive basis of behaviour, so, on the other side, we cannot do full justice to the mind unless we are prepared to pass beyond psychology to philosophy, and to consider the implications of knowledge, of æsthetic appreciation, and of moral obligation or responsibility.

These aspects of experience can never be completely explained in terms of psychology because they take us out of time, or, rather, beyond time. Psychology is, as I said before, the science of the mind which considers the mind as a sequence of mental processes in time, and works out the laws of this sequence ; but these mental processes themselves have *values* : logical values, the values of truth and falsehood ; æsthetic values, the values of beauty and ugliness ; ethical values, the values of good and evil. And these values, although they have reference to mental processes in time, are themselves beyond time, and in dealing with them we have to pass beyond the conditions of space and time, beyond the condition of causality itself—we have to pass into metaphysics, which is the science of reality as such, a critical science which refuses to take on trust any of the ordinary conditions of scientific knowledge, which attempts to pass beyond scientific knowledge and to consider the presuppositions of such knowledge.

All the sciences, both physical and psychological, take time for granted, take causality for granted. Metaphysics considers time in its essence in relation to experience, considers space in its essence, and, in my own view at any rate, there is a good case for denying the absolute reality of time. In fact it seems to me that, if we accept its absolute reality, as ordinary physical science accepts it, even if the modern theory of relativity is taken into account, then we eventually get an absurd theory, a general explanation which is no explanation at all. In some way or other time has to be transcended in our thought, just as in some way or other it is transcended in

actual experience—in ethical and æsthetic appreciation, and in so far as we contemplate truth and consider the distinction between truth and falsehood. Once true always true; beauty is eternal; moral obligation is eternal, although its conditions may be in time.

If we approach the contrast between determinism and freedom from this point of view, we shall see that determinism, although a postulate for psychology, cannot be accepted as anything proved. In physical science there is empirical proof of it to a certain extent through measurement. By measurement we can prove to a certain extent, within certain limits of error, the conservation of mass, the conservation of energy, or whatever it may be. But there is no measurement of that sort possible in psychology, and so no proof of that sort. The observations of psychology are primarily qualitative, not quantitative.¹

As regards Jung's theory, then, one would say that he has not yet gone far enough in his defence of finalism and mental freedom. Nevertheless, his truly philosophical attitude of mind and his feeling for the metaphysical invest all that he writes with great importance and significance for students of philosophy. Jung's theory of the "collective unconscious" and his theory of the prospective nature of dreams also mark him off completely from the position of Freud.

The late Professor Alfred Adler is the third of the trio of psychotherapists whose names are still so prominently before us. Adler puts in the place of the sexual instinct of the Freudian theory the will to power—the *Wille zur Macht* of

¹ But mental measurement, in a derived form, is possible in the domain of mental tests and of the psycho-physical methods. See *The Abilities of Man*, by C. Spearman, Macmillan and Co. Ltd., London, 1927; and *Essentials of Mental Measurement*, by Wm. Brown and G. H. Thomson, Cambridge University Press, 3rd edn., 1925.

Nietzsche—and claims that many psycho-neuroses are of the nature of a “manly protest,” a protest against inferiority. The patient feels his inferiority, endeavours to overcome it, cannot do so in legitimate ways and preserve his health, and so sinks into a psycho-neurosis. This is a weapon in his hands. It gives him additional power, enabling him to tyrannize over the people in his immediate environment. Moreover, his *Minderwertigkeitsgefühl* or feeling of inferiority is the basis of various types of compensation, such as a blustering self-assertive attitude, phantasy-formation and “building castles in the air,” or retreat into illness. Thus may arise the famous *inferiority complex*, which has its roots in a repressed feeling of inferiority,—a feeling which the patient may not wish to admit, even to himself.

With regard to this theory one would say that there is certainly truth in it. A psycho-neurosis does give power of a sort to a patient, but this is often accidental rather than essential. When the psycho-neurosis has broken out, the patient finds to his hand an additional method of asserting himself. If he has lost other means of asserting himself, he can assert himself in this way. But this does not mean that all psycho-neuroses originate in a desire for power. One would say that some psycho-neuroses do, that some psycho-neuroses have occurred through a failure of ambition, whilst others are due to a repression of sexual tendencies, and others again to a failure in the adequate control of self-preservative tendencies or to downright cowardice.

As regards the method employed, Freud and the Freudians advocate analysis without definite re-education. Their view is that analysis by itself will produce cure so far as cure is obtainable. As against this many of us hold that more is sometimes necessary.

There is a growing body of psychotherapists in all

countries who adopt an eclectic attitude towards the various schools of thought in this subject, and are unable to give exclusive allegiance to any one such school.

II. A MORE GENERAL METHOD AND THEORY OF PSYCHOTHERAPY

If I may now briefly describe my own method of analysis, I would say that I refrain from calling it psychoanalysis, and employ the non-committal term "deep mental analysis," because I use other methods in addition to those which Freud advocates. I gladly take from Freud the method of free association, and use that from time to time in the course of analysis, and I recognize the phenomenon of transference as he describes it, although I hold that the total personal influence of the analyst upon the patient is, in general, wider and more permanent than that dependent upon the factor of transference.

But in the course of analysis I find it occasionally necessary to talk with the patient. Freud's method seems to be to let the patient talk almost all the time. For him there is one golden rule: "Alles sagen ist wirklich alles sagen." The patient should really say everything that comes to his mind during the analysis. One should let the patient continue hour after hour in that way. Now, one may do this for whole series of hours at a stretch, but occasions arise when it is necessary to help the patient out, not only by urging him to overcome repressions and to speak more openly of what comes into his mind, as Freudians do, but also by explaining things to him and helping him in his real intellectual and ethical difficulties. From time to time the patient really does need to discuss problems of a general ethical nature with which he has not found adequate occasion to deal in his past life. Patients often show an interest in general philosophy that they had not suspected in themselves before, or often, again, an

interest in religious problems that they thought they had quite outgrown.

Here, then, the treatment takes the form of psycho-therapeutic conversations. Of course, that is no part of psycho-analysis as such. The Freudians are quite right in crying out against it from their point of view, but I hold that it is often very necessary. One might perhaps call it psycho-synthesis, although I do not wish to contrast, too definitely, synthesis with analysis. Both analysis and synthesis occur simultaneously in all forms of psychological treatment. It includes what I have elsewhere called *autognosis*, or self-knowledge.

With different patients the analysis can be carried on to different extents. In some cases the amount of analysis needed is rather slight; in others a great deal more is needed; but towards the end psycho-synthesis, or, better, constructive re-education, in the form of discussion and reorientation of the mind by the help of discussion, is necessary.

Patients often recover, and recover completely, without it being necessary to bring up very much of a sexual nature, and without it being necessary to go back in great detail to very early years. On the other hand, one does not wish to give the impression that all or even the majority of patients recover under these milder methods. Often, more prolonged analysis is necessary. One has often to go on for two or three years or even longer and bring back very early memories and phantasies and deal with them, and infantile sexuality may be found to have played an important part in the production of the psycho-neurosis.¹ But that sex is universally the fundamental

¹ In my own medical practice, about 50 per cent. of my patients come for a course of ten hours' treatment (analysis, constructive suggestion, and relaxation), 30 per cent. come for anything up to 100 hours of analysis, and 20 per cent. come for over 100 hours of deep mental analysis.

cause does not seem to be borne out by experience. The self-preservation impulse, or danger instinct, is (in my experience) at the base of much psycho-neurosis.

Then, again, with these analyses one often finds that constructive suggestion is desirable and helpful. One gives suggestion treatment, with muscular relaxation, at the end of the analysis, in order to help the patient to overcome the more mechanical parts of his nerve difficulty. To take the stock example, that I have often taken, of a stammer. One should, by analysis, reveal to the patient how the stammer first occurred, the various reasons for it, whether it was through mental shock, or through mental conflict and disturbance of a more inward nature ; but that alone, although it may help to diminish the stammer, will not always get rid of it completely. One will find that in such cases, if one then gives suggestion treatment, with progressive relaxation, the stammer diminishes still further.

In using suggestion one finds it well to urge the patient always to use auto-suggestion. The theoretical question then arises, is auto-suggestion really possible, or is it always a form of hetero-suggestion ? In one sense all suggestion is a form of auto-suggestion—in the sense that no suggestion takes effect unless it is accepted by the person to whom it is made, one may say that all suggestion is auto-suggestion—but one could probably say with equal truth that all suggestion is hetero-suggestion. The patient, one may say, always becomes ill through auto-suggestion. It would probably be equally right to say that the patient always becomes ill through hetero-suggestion, through suggestion from without. Under the influence of fear, the thought of injury and ill-health, the suggestion may become implanted in the mind and produce its effect. From one point of view that is auto-suggestion, from another it is hetero-suggestion—suggestion from without.

And so with cure: the patient needs some stimulus from without to help him with his auto-suggestion. He gets that stimulus either from a doctor who has given him suggestion treatment and told him that he will be able to use auto-suggestion and encourages him to use it, or from books on auto-suggestion which he may have read.

I would go even further and say that auto-suggestion implies in general a certain degree of faith. It may not be a faith fully conscious of itself. Often the patient will benefit from auto-suggestion practised mechanically without conscious faith. One frequently meets with such cases, but it is more than probable that, unconsciously or subconsciously, there is a fund of faith, of belief, supporting the method and reinforcing the suggestion. Faith, in my view, is an active attitude of mind, and in its higher form may be defined as the will to trust and to act upon the noblest hypothesis.

In further explanation of this, I would compare the relationship between auto-suggestion and general faith in the scheme of things, with the relation between the scientific reliance upon careful observation of individual phenomena for producing a scientific theory and the more fundamental assumption or belief in the uniformity of nature. Just as the scientist has to use implicitly the theory of the uniformity of nature if he is to make any progress at all in empirical knowledge of the real world, so I believe that auto-suggestion directed to produce individual results is based implicitly upon a general belief in a friendly universe. This belief may not be consciously present, just as the belief in the uniformity of nature is not always consciously present in the mind of the scientist who is immersed in the details of his investigation. And in that sense one might hold that auto-suggestion is something that passes beyond the limits of the individual.

It is sometimes said that, according to the theory of auto-suggestion, prayer is auto-suggestion. I prefer to put it the other way about, and to say that auto-suggestion is often a form of prayer. In many cases, one admits, it is not conscious prayer, but, so far as the mind benefits by auto-suggestion, it is relying upon a wider spiritual universe.

III. PSYCHOTHERAPY AND THE RE-EDUCATION OF THE WILL

Many forms of psycho-neurosis are in part due to defective will. For such cases treatment should take the form of re-education of the will. A certain amount of mental analysis is needed to remove obstacles in the way of effective volition, by re-synthesizing the patient's mind and giving him a clearer insight into the mental forces at work within him and their relation to the conditions of his environment.

But, paradoxical as it may seem, another very potent factor in the re-education of the will is a training in the practice of good auto-suggestion. Good auto-suggestion is a factor in all completed volition, since it involves power over the imagination, the power to imagine success. Professor G. F. Stout, in his *Manual of Psychology*, defines volition as "a desire qualified and defined by the judgment that so far as in us lies we shall bring about the attainment of the desired end because we desire it." Such "judgment" is synonymous with belief or confidence, which in its turn may be equated to auto-suggestion.

And we find in practice that a course of suggestion treatment, including a training in auto-suggestion, does increase will power if given in the right way. Backward children may in this way have their powers of concentration and initiative definitely and permanently increased.

They acquire greater self-confidence and learn to avoid the inhibiting and crippling effects of fear of failure.

When self-confidence is lacking, a situation arises which M. Coué has inaccurately formulated in the words: "When the will and the imagination are in conflict, the imagination always wins." (The law of reversed effort.) Inaccurately, because in true or complete volition there can never be such conflict, since belief, including imagination of success, is an essential constituent of true volition. Where belief is absent, or replaced by fear of failure, volition is incomplete and more akin to wish. Indeed, Coué himself indicates this when he sums up the psychological situation in the words: "*Je voudrais bien, mais je ne peux pas.*"

The conflict in these cases of faulty volition is really between two opposing suggestions, viz. suggestion of success and suggestion of failure, and the latter suggestion, being reinforced by the emotion of fear, wins the day. True volition includes a calm, settled conviction of success, so far as success depends upon the individual's own powers. The man of strong will is one who habitually imagines success rather than failure and whose self-assertive instinct is sufficiently developed and organized to ensure the necessary energy of execution.

Professor W. McDougall, in his *Introduction to Social Psychology*, defines volition as "the supporting or re-enforcing of a desire or conation by the co-operation of an impulse excited within the system of the self-regarding sentiment." This definition, like that of Professor Stout, harmonizes with our view that both mental analysis and suggestion are potent factors in the re-education and the strengthening of the will, increasing man's control over himself and his environment.

CHAPTER VI

HYSTERIA AS A DISSOCIATION

THE following case illustrates the conception of hysteria as a dissociation, involving mental conflict and repression, in a specially clear way, and seems worth reporting in some detail.

A soldier whom I saw in a military hospital at the end of the War, aged 47, unmarried, had had three hysterical attacks in his life. The first attack occurred at the age of 26, the second at the age of 36, and the third attack a month or two before I saw him. When he came to me he was suffering from extensive loss of memory, and could remember very little of what had happened during the War. He was suffering also from weakness of the legs, a tendency to anæsthesia, especially in the right leg, and a very definite tendency towards dissociation—towards dreamy states, states of mental distraction, when he was unable to concentrate on what was before him.

I will consider the case in the order of my gradual insight into his mental condition. All that was emphasized in the medical case-sheet was that he had recently had an hysterical attack, in which he lost consciousness for some time, and had since suffered from paralysis of the right side, with anæsthesia of the right leg below the knee. He was not able to tell me very much about himself. And so I proceeded to use the method of word-association which C. G. Jung was the first to introduce into psychology—that is, I drew up a list of words and called them out one after another to my patient. (One calls out a word and starts a stop-watch

going, after first instructing the patient to reply with the first word which comes into his mind. If one calls out the word "house," he may reply with the word "garden." Thus :

Stimulus		Association
Word.	Reaction.	Time.
House	Garden	1·8"
Grass	Green	1·2"

So one goes on, calling out one word after another, interspersing words which one thinks may bear upon the earlier associations of the patient, and may be connected with his dissociation. A prolonged association time is one indication, among others, of the existence of a "complex." (A normal association time is 1 to 3 seconds.)

I called out the word "death," and the subject remained absolutely silent for twenty seconds, then gave the word "geranium." He smiled as he gave it, and said it seemed a curious word to give—he did not know why he gave it, but it was the first word that came into his mind. This was all that I got of value from the association test in my investigation.

I questioned the man further, and got a certain amount of information from him. He told me that the first hysterical attack he had was at the age of 26, as I stated above. He had just recovered from an attack of influenza, and had walked out to visit a great friend of his. By some mistake he was shown by his friend's sister into a room where the man lay dead in his coffin. His friend, J., died suddenly after an accident in the football field. My patient had not heard of the death, because of his own illness. This was about eight o'clock at night. My patient staggered out of the house, noticing, however, to his surprise, that he felt very little. He felt shaken, but very cool. He was surprised and annoyed that he felt no grief. Then

he "lost consciousness," and evidently wandered about London until he came to himself, about four o'clock next morning, in a part of London which he did not recognize. He tried to find out where he was. He met a policeman, who at first thought that he had been drinking. He could not remember his name or address, or anything about himself, but the policeman searched his pockets and found out where he lived, and then took him to a hospital. He lay there for several days, suffering from pain down the right side of the head, over the right eye, "pins-and-needles" feeling down the right side of the body, weakness of the right leg, giddiness and nausea. At first he had very vivid dreams which he could not remember. Later on he began to get better, was allowed up, and finally left the hospital. That was at the age of 26—that is, twenty years before I saw him.

Ten years later he happened to be walking from Boscombe to Bournemouth along the parade, when he suddenly felt giddy again, and had to stagger to the side of the esplanade and support himself against the wall. He nearly lost consciousness, but pulled himself together, got home, and was seen by a doctor. He was again suffering from the same pains and the same tendency towards a dreamy state of consciousness. He went into a hospital on the doctor's advice. (This time, too, he had just recovered from an attack of influenza.) He recovered after he had been in hospital for some weeks.

His third attack occurred in October 1917. He had just had a bout of sciatica, and was thoroughly tired out by drill and all the routine of a soldier's life. This attack resembled the two previous ones, with similar pains in the head and body. He was taken to a military hospital and afterwards transferred to another, where they treated him in a routine way with electricity and massage and got him on his feet again, so that when he came to me he

had roughly recovered from most of his symptoms, but had retained this extensive loss of memory. He could remember very little that had happened to him during the War.

As I said, the first thing I discovered about him was that the word "death" gave a long reaction time, and produced as a reaction the curious word "geranium," which he himself could not explain. I then proceeded to hypnotize him, which I found to be very easy. I asked him to lie on a couch, with muscles relaxed, to fixate a bright light for a couple of seconds, and then to close his eyes and think only of sleep. A minute later I suggested to him that he would now remember events of his past life connected with his symptoms. He at once passed into a very emotional state, and began to remember things which he had not been thinking about for some years. "Geranium" he then remembered as the nickname of a girl he had known over twenty years before. She had been called the "Geranium Girl," after an advertisement for cigarettes. She was like the girl in the picture which appeared as part of the advertisement. He proceeded to tell me a rather dramatic story of his early life. He had been extremely fond of his friend who had died, whom I have called J. They had been close friends for years, when J. became engaged to this Geranium Girl. While he was at college he asked my patient to help amuse this girl, to take her out to theatres, etc., as she was very lonely. The result was that the girl fell in love with my patient, though he was not in love with her. (It was on his friend J. that his own affections were fixed.) The situation was a very difficult one. He felt disloyal to his friend. He obviously thought much more about his relations with his friend J. than about his feelings towards the girl. His friend never knew the facts, but a coolness sprang up between them, which was intensely painful to

my patient. As a result he shot himself, but was taken to hospital and recovered. He saw less of his friend, however, and then the friend died. This was a definite mental wound to my patient, and set up a mental conflict, the result of which seems to have been an amnesia, a loss of memory. There was a tendency for his mind to split up. The memories were not absent from his soul, however, but remained below the surface to produce nerve attacks in which he went through all these disturbing experiences again—through all this time of mental conflict.

What can one say of his earlier history? As a boy he was fairly normal, except that he always had a great desire to sleep in the middle of the day. He would find that the sight of anything bright, like a field of snow, would make him drowsy. The candles in the chapel of the Benedictine monastery, where he was at school, had the same effect upon him. He was at school at this monastery from the age of about 11 to 17, and formed a friendship there with a much older boy. In the course of this friendship an event occurred which disturbed him very much. It was his duty as a good Catholic to confess, but he did not do so. He tried to put it out of his mind instead. He thought that if he confessed it would be serious for his friend, but if he did not he would be committing a sin. He chose to commit the sin. The result was a state of mental conflict, followed by repression and amnesia.

These, roughly, were the main facts about his life. He had never known what it was to fall in love with anyone of the opposite sex, but all through his life he had had strong feelings of friendship towards certain people, especially feelings of loyalty. Although he was a private soldier, he was a most intelligent man. He was an inventor, and struck me as being very able. By hypnotism

I brought up some of these facts which he had forgotten. I urged him to attempt to synthesize his own mind—to try to improve his memory. And his memory *did* improve. Under hypnosis he worked off a good deal of emotion. (His three hysterical attacks had all been cases of what Breuer and Freud call “abreaction”—the working off of emotion—but an abreaction which was imperfect and incomplete.)

He now began to dream. He dreamt night after night that he was trying to get to a certain village in Sussex, but that briars and thorns and thick hedges kept obstructing him, and he could not cut his way through. At last he met an old man in rags, who was about to tell him something about this village, when he woke up. I tried to interpret the dream for him by the use of “free association,” but things did not go very rapidly, so I again had recourse to hypnosis. At once he had the same dream again, and could tell me who the old man was: he was a man who used to clean windows in this village in Sussex. He also knew the reason of the dream. He was very anxious about the fate of a young friend of his who had gone to France during the War, and whose name had been posted among the missing. The boy had been in the habit of going to this village. My patient did not know why he went there, but he had guessed that there was a romance going on. He therefore thought that his friend, C., would, if he wrote at all, be likely to write to someone in this village, possibly to the window-cleaner. That was why he was trying to get to the village. Now, there were certain reasons why he had tried to disguise the intensity of his feelings even from himself. The result of the analysis of the dream was, therefore, that he became much more communicative, and could tell me very much more. His friend, he said, was many years younger than himself,

and, years ago, they had been in the habit of going fishing together a great deal, and had been good companions. They had thought a great deal of each other.

This dream ceased after it had been interpreted, but a few days later he walked in his sleep. He could not tell me what he had dreamt that night, but what actually had happened was that he had walked from the ward, which was upstairs in the hospital, downstairs, and had awakened to find that he was carrying his pillow-case. I discovered under hypnosis that he had been back in mind with his young friend. They were fishing together, and his friend had sprained his ankle. My patient had taken a canvas bag and had fetched cold water and bathed the ankle. The pillow-case represented the canvas bag. The curious fact was that, before hypnosis, he did not remember the dream. But that is typical of somnambulism. I have never met a case where the somnambulist remembered his dream on awaking, though hypnotism will bring it back. There is always a mental cause for somnambulism.

My patient now told me other things concerning his friend, about whom he was still very worried. He remembered that, years ago, he himself noticed that he could tell fortunes by looking into a black polished stone, and on one occasion, when his friend was 14 years of age, he saw him in the stone bleeding at the mouth and at the point of death, and he now feared that his prevision had come true, and that his friend had been killed by the Germans.

A week or two later he came to me and asked me to have him confined to the hospital, as otherwise he was afraid that he might break away and go down to this particular village. I offered to let him go, but he said he felt that he ought not to go. He wished to get well first. However, a day or two later I heard that he was missing, and he came back a few days later and told me this story: He was having his hair cut when suddenly he had seemed

to lose consciousness, and the next thing he had remembered was that he was right in the country, not very far from this particular village. He could not remember how he had got there, but, being in the neighbourhood, he had thought he would go to the village. He had done so, and to his great joy he had discovered that his friend C. had been transferred from the Western Front and was now safe in Egypt.

He was unable to remember how he did this. Under hypnosis, however, he told me that he had an impulse to go, ran the gauntlet of the military police, and took a bus into the country. He was taken up by a motor car and given a lift. Then his consciousness changed. That was the point at which his main consciousness resumed its sway. The result of all this was that his mind was at last at ease about his friend C., and he made a good recovery. All the time his memory for earlier experiences during the War had been improving.

Such a clinical history illustrates, very typically, the nature of hysteria. This flight from hospital is what the French call a "fugue." It was a symptom frequently observed in France. A number of my patients were in danger of court-martial and death for flight from the line. (Many others feigned loss of memory, but it was quite easy to distinguish such malingerers. Genuine cases are always extremely easy to hypnotize.) This case also illustrates dissociation. It is similar to hundreds of cases one met in France immediately after the men had been under shell fire. It also illustrates mental conflict, the prolonged reaction time in the word-association test of Jung, and the ignorance of the main consciousness as to what is going on below the surface. It illustrates the significant character of dreams—their symbolic nature—and how, in many cases, apparent clairvoyance is merely hysteria. This man was convinced that he had clairvoyant

powers, and was (wrongly) convinced by this that his friend was dead.

Another thing I ought to have mentioned was that, just after his last attack, he was allowed in the grounds of the hospital, and suddenly thought that he saw his friend C. about twenty yards in front of him, walking along. He was delighted to see him, and hurried after him, but then noticed that he made no sound in walking, although he seemed to be wearing heavy service boots. Then the friend disappeared. It was an hallucination. (Extreme cases of hysteria show hallucinations of this kind. They are curable.) His dreams were of the same nature. After all his attacks he dreamt very vividly, but he could not tell me what his dreams were about, except under hypnosis. I sometimes tried encouraging him to talk things out with me for a number of hours, but progress by this means was slower, and there seemed to be no theoretical or practical reason why I should not use hypnotism to accelerate the analysis. His ultimate recovery was due to this analysis and resynthesis. Nevertheless, had time and opportunity permitted, I should have carried out a full course of deep mental analysis in his case, to complete his cure.

Before I turn to another part of my subject I should like to make it quite clear—or as clear as I can—in what respect one may consider hypnotism a justifiable method of treatment, and in what respect not only the ordinary popular, but the ordinary medical, idea of it is incorrect.

Unfortunately, Bernheim and his followers of the Nancy school, who undertook to criticize Charcot and his disciples (Pierre Janet, etc.) of the Salpêtrière, whilst making a great advance in the subject of suggestion, have rather confused the question of hypnosis. I am probably speaking in a small minority in this matter, but, as a result of my experience in deeply hypnotizing five or six hundred patients out of about five thousand shell-shock cases seen by

me during the last War, I have come to the conclusion that Pierre Janet is quite right when he says that only the hysteric can be deeply hypnotized, and that hypnosis is an artificially-produced hysteria. Moreover, I agree with Janet that the word might well be limited to the production of artificial somnambulism. For lighter stages of the same process of artificial dissociation the words "hypnoidal state," "hypnoidization" might be used, as Boris Sidis first suggested.

It is a fact that hypnosis is not the same thing as suggestion, although as a general rule it does involve an increase of suggestibility. Of the two characteristics of hypnosis—dissociation and increased suggestibility—the former seems to be the more essential one.

It is also a fact that, if one finds a patient suffering from a functional amnesia—that is, a loss of memory, of greater or less extent, due to an emotional shock—if there is no sign of physical injury, and if one has no reason to suppose that he has sustained a definite physical shock, nor that he is suffering from a psychosis (e.g. schizophrenia), one may then be absolutely certain of being able to hypnotize him. On the other hand, if one turns to cases, equally free from organic lesion, which do not show this tendency towards "functional" dissociation, one will find that deep hypnosis fails. The Nancy school—Bernheim and his followers—say that it should be possible to hypnotize over 90 per cent. of one's cases. Personally, I should there again agree with Janet in saying that these people are calling by the name of hypnosis something which is rather different. It is true that, in cases of shell-shock seen immediately after the shock has occurred, where there is amnesia and dissociation, one can almost always hypnotize one's patients. Literally 100 per cent. of these cases could be hypnotized if one took the trouble to draw the proper distinctions and did not attempt to hypnotize

cases that belonged to another category—that is, if one made one's diagnosis first ; but, on the other hand, if one turns to what have been called " anxiety states "—cases of obsessions or ordinary cases of neurasthenia—these cases are not deeply hypnotizable, if one follows Janet in his use of the word to signify the production of a second state, where the patient does not remember what has previously occurred and will again fail to remember what has just been going on unless one gives a post-hypnotic suggestion that he will. It is true that in almost every case one can, by using certain means, get a state of increased suggestibility, so that, if one suggests that the patient's eyelids will get heavy, that he will lose feeling in his limbs, and so on, all this will come about ; but if, in cases like this, one succeeds in producing the deep hypnotic state, then one has either to do with a case of hysteria or one has made the patient hysterical.

Is it possible to make a person hysterical who is not so originally ? Personally I should be inclined to doubt it. A person who is hysterical has probably been hysterical from his birth—it is probably an inherited form of mental weakness.

Suggestion, then, is different from deep hypnosis. It is used, or may be used, for a different purpose. We have advocated the use of deep hypnosis as a means of recovering dissociated memories, functions, etc., and also as a means of giving outlet to bottled-up emotion (to use a rather popular phrase). We have seldom used it as a means of applying suggestion. One certainly finds, in some cases, that the more deeply one hypnotizes the patient the more suggestible he becomes, but, in other cases, one may find that suggestibility is not greatly increased. Furthermore, one may find that people who are not hypnotizable may be suggestible, and that their suggestibility may be increased without any sign of deep hypnosis setting in. One

can use suggestion without inducing the hypnotic state.

This view is certainly different from that of the Nancy school. It is nearer to Charcot's view, for Charcot worked extensively with hysterics by methods of somnambulism artificially produced, which is definitely the hypnotic state. Charcot was misled, however, in his ideas of the regularity of the phenomena. He thought that he could distinguish definite stages in all cases of hypnosis, including, for example, the *attitudes passionnelles* of major hysteria. The question of suggestion for him was mixed up with that of hypnosis, although his own cases mainly illustrate the facts of hypnosis itself. The relation of hypnosis to suggestibility is discussed more fully in Chapters VIII, IX, and XI.

Finally, the question arises with these cases of artificial somnambulism, might not the same curative results be obtained by longer methods without having recourse to hypnotism? To a certain extent this is possible, but the results are not quite the same. In the first place, if you are going to use the ordinary method of questioning your patients again and again, and encouraging them to tell you more and more of what comes to their minds, you will certainly find that their dissociated memories will tend to come to the surface, and, as the investigation proceeds, the recovery of these memories may become more and more complete. But the method requires a much greater expenditure of time, and the memories are seldom thus recoverable in all their details. In the second place, you do not obtain the hallucinatory vividness of emotion obtained under hypnosis. The abreaction under ordinary analysis is not so vivid. If anyone objects that by hypnotizing a patient you are making him hysterical, the reply is that he must be hysterical already, otherwise he would not be hypnotizable, and that one is justified in using a pathological state to assist a cure, if it really does

so. There are medical instances of the use of vaccines, etc., which are perhaps analogous. Anyhow, the final test is the test of results, and one finds in these cases that if the hypnotizing is not repeated too frequently, and if it is carried out by someone who understands to a certain extent what is going on, and who knows that the subject is suffering from dissociation, that he must resist this tendency in the subject, and must help him more and more to a resynthesis of his personality, then the results justify its use. You do not get recurrences of the dissociation. Pierre Janet has recently reviewed nearly two hundred of his earlier cases of major hysteria, and shown that in the vast majority of them there is no recurrence. In the cases where relapses did occur, Janet found that he had not gone deeply enough into the causes of the dissociation, that he had not brought *all* the causes to light.

As regards the many hundreds of cases that I myself sent down from the casualty clearing stations to the base hospitals and on to England during the War, it was, of course, difficult to get after-histories, but I was able to get such after-histories with thirty extreme cases of hysterical dissociation. These patients had all suffered from loss of voice and hearing, paralysis, intense tremors, and extensive amnesias. In all of these cases but one the reports that have come to me from the base hospitals in England admit that there have been no relapses at all; that the cure has proceeded still further under the later treatment at these hospitals; and that there has been no tendency for other symptoms to appear. In one case alone an hysterical tendency remained. It was the case of a boy whom I had treated for loss of voice, and who showed weakness of the legs at the time when he reached England. I saw from the analysis of the case, however, that he was suffering from shock and mental strain originating in early life. In such

cases one had not time to go fully into the past histories of the patients, as one can do now in England; one had not always the opportunity of using the method of hypnosis to discover more deeply buried memories. In the large majority of cases the patients seemed to be naturally predisposed to hysteria, but to have been quite healthy before the shell-shock, and in such cases the working off of the bottled-up emotion and the resynthesizing of the mind were quite sufficient to produce a permanent recovery.

Hypnotism is a method which should be used only in cases of definite loss of memory combined with loss of other psycho-physical functions. Such cases are easily hypnotized—anyone should be able to hypnotize them. One need not hypnotize them deeply, only just sufficiently to recover the lost memories and produce abreaction. Then, later, one should resynthesize the patient, and always, as a matter of course, one should investigate his past history and endeavour to link up his dissociated stretch of memories with his past, and also with his more immediate present. If this is done, it will be found that he has been made less hypnotizable than he was when he first came for treatment. That is, after all, the test. If real good has been done to the patient he should leave one less hypnotizable than he was when he came for treatment. This, however, is not always possible. In some cases the patient is so hysterical and suggestible, his powers of mental synthesis are so weakened, that this character of hypnotizability persists unabated. In many cases, on the other hand, one can observe its gradual diminution, and, corresponding with this, one finds that the patient's general mental condition improves.

Nevertheless, if time and opportunity permit, the longer method of deep mental analysis is the "counsel of perfection" in the treatment of all cases of hysteria. In this method the use of hypnotism should be avoided.

CHAPTER VII

NEURASTHENIA AND COMPULSION NEUROSIS

WE come now to a consideration of other forms of functional nerve disease which are described under the names of neurasthenia and compulsion neurosis. Compulsion neurosis comprises the different forms of phobias and obsessions. Pierre Janet describes these cases of compulsion neurosis, along with others, under the heading of psychasthenia, and, although his clinical descriptions are very detailed and very valuable, they do somewhat confuse the question, because he has not made a sufficiently clear distinction between what the Germans and some of the French have designated compulsion neurosis, and other forms of psycho-neurosis.

First, let us consider neurasthenia quite briefly. Déjerine points out that the neurasthenic suffers from preoccupations and increased suggestibility as regards personal health. He has become worried, perhaps, by some mental difficulty in his life with which he cannot adequately grapple. He worries about it more and more—finds himself spending more and more time in thinking about it, and thinks about it in an emotional way, in a personal, subjective way. He is unable, owing to the lowering of his powers of mental resistance at the time, to take an impersonal, objective view of the situation. He identifies himself with it more and more until it becomes a preoccupation—not an obsession; an obsession is something much more definitely abnormal. The emotional character of the preoccupation itself tends, on the one

hand, to fatigue the patient—there is nothing so fatiguing as emotion, continual anxiety, and worry—and, on the other hand, it makes him more suggestible in reference to anything bearing upon the preoccupation. If his health fails, as it is almost certain to do, if his digestion, etc., gets out of order, his attention will be directed towards the inadequate functioning of his digestive organs, and this attention will be of an emotional nature, and will increase the disorder. Thus a vicious circle is set up. The rate of digestion may perhaps be slowed down, owing to the patient's fatigued condition, with the result that the process of digestion is itself disturbed, and this disturbance then produces real intestinal disorders, with hyper-acidity, etc. The beginning of it all, however, was mental, and the cure is again mental. In order to break through that vicious circle you must attack it in the right place—namely, on the mental side. If you attack it on the physical side only, you may get a temporary improvement—you may be able to reduce the acidity of the stomach, etc.—but the worry will still be going on all the time, tending to set up the same condition again. Once the body has given way in any particular function, as the result of a mental trouble, that particular part of the body has become weaker, and as the mental trouble increases again it will break through in the same place. Déjerine points out that the neurasthenic is more suggestible even than the hysteric. One is inclined to agree with him. The neurasthenic is very suggestible with regard to his health.

How is a neurasthenic patient to be treated? Obviously by reasoning with him—not by ordinary moral reasoning, but by inquiring into the original cause of his symptoms. He may tell you that his stomach, etc., gave out a year or two before, but you must not stop there in his history. You must go back to what happened years

before, for there is often a long period of incubation with these disturbances. Then you may get a history of an emotional shock or conflict—not necessarily a sudden shock—though sometimes a sudden shock which with an hysteric would perhaps have caused a dissociation straight away, will in these cases produce an aggravation of that tendency to worry and to feel anxious that we all have. This tendency to experience anxiety is a normal tendency; it is a very important one, because in these mental cases it is so frequently exaggerated. Anxiety is an emotion which stirs us up and makes us really investigate a matter. Let us consider the typical example of an undergraduate who is preparing for his finals. Perhaps he has not been working very hard, but as the examination draws near he begins to get into a panic and really feels too ill for anything, and does not seem able to do any work. It is a very good thing for an undergraduate to experience anxiety of this sort, as it makes him take stock of his knowledge and realize his shortcomings. His mind is thus worked up to meet the situation. If, again, we are faced with any definite peril, physical or mental, we have this same feeling of anxiety, which wakes us up and makes us more alert, though if it is too intense it defeats its own end. It is a different emotion from that of fear. The French have described it in very great detail (cf. *Les Anxieux*, par Devaux et Logre, Masson et Cie, 1917). This state of anxiety is exaggerated in the neurasthenic. He fails to pass on to a more ordered form of mental activity, to grapple with the situation (as, of course, all these psycho-neurotics fail to do, in one way or another), and he expends the energy, which he should be using to deal with the situation, in intensifying the idea still more, in keeping up the worry, and finally disturbing the state of his physical health.

If you go over the matter again with him, if you talk

over his past with him and get him to look at it from his present point of view, to take an objective view of it as if he were considering it as someone else's history, you will find that he will recover. One might hold that the result is partly due to a diminution of suggestibility—that at least is my own view. What analysis does in helping neurasthenic patients is, I believe, to diminish their suggestibility. The better they understand how their symptoms arose, and what exactly was the sequence of their mental experiences, the less suggestible they become, not only as to their own past but also as to the future. You have made them stronger personalities altogether. That is why I have suggested a word to sum up the matter—the word “autognosis,” self-understanding. What you do in these cases is to help the patients to understand how their disease arose and to understand their symptoms. Autognosis is simply a word corresponding to such insight. This does not comprise the whole method of cure, however. The patient has in many cases to be re-educated. You have not only to get him to understand how and why he went wrong in the past ; he must have practice in using his energies in a different way in the future. This is the case with physical disabilities, and it is the same with mental disabilities.

Now, a method like this is obviously far superior to the method of hypnotism. No one who understood his business would dream of attempting to hypnotize a neurasthenic. In the neurasthenic, as in the hysteric, there is certainly bottled-up emotion. It seems to be a tendency in everyone's life for emotion to cling to experiences. We must all have noticed this. If we hate a person we find that the feeling of hatred clings to all sorts of things connected with that person ; it links them up with the experience itself. If we make it up with the

person afterwards, it is not always easy at first to get rid of the emotional feeling connected with him. The same thing happens, as is well known, in the experience of falling in love. If we fall in love we experience certain sentimental feelings in regard to a certain person, and we extend this feeling in some degree to a great many things connected with him. If we afterwards fall out of love again, these sentimental feelings will continue to be connected in our mind with certain experiences, and this association only dies out gradually. In these cases of neurasthenia too much emotion has been linked up with certain experiences, too little with other experiences. This has tended to produce conflict, strain. The more this has happened the more a person is repressed and unnatural, or mentally awkward. Certainly this characteristic of repression, of awkwardness of the mind, is definitely reduced to a minimum by an autognostic working over of past experiences, affording an opportunity for the dammed-up emotion to flow along association channels to other thoughts, to come out in talking things over and explaining past experiences. This does not mean, however, that in the end you will have drained off all the emotion from a person's past—that certainly does not happen—you do not by releasing bottled-up emotion leave the experience without emotion at all. (You can test this quite easily in hypnotic cases.) The patient works off a lot of surplus emotion, but if you return to the same experience again later on, you will find that there is still emotion there although it is not so intense. You can test this again and again, and, after the first one or two times, you will find that the amount of emotional reaction remains constant—it will not be absent. You can go back to certain memories as often as you like, but you will always find some emotion there. It is my view that all memories of one's past life

carry their own emotion with them, but it is excess of emotion that has to be worked off in the neurasthenic as in any other form of psycho-neurosis.

OBSESSIONS AND PHOBIAS

I now turn to obsessions and phobias, called by German writers compulsion neurosis because the patient feels compelled to think or to do certain things. A very common symptom which most of these patients exhibit is a feeling of doubt and uncertainty as to what they have just done. Perhaps they are going to bed at night and are not quite sure that they have turned off the electric light or the gas downstairs. This is a very common symptom indeed. Another very common symptom is the feeling that they must be continually washing their hands. Another is that they must read everything that is in the newspaper, or, perhaps, that they must read every advertisement that they see. I knew one man who used to read all the advertisements that he saw on his way home from work. On one occasion he decided that he would give this up, and he did manage to reach home without reading any of them, but he could not be happy until he had returned and had read them all carefully. That is, of course, an extreme case. A very simple tendency which one may find in many people is the tendency to walk along the pavement in such a way that, at each step, their feet avoid touching the line of demarcation between the paving stones. It is a tendency that people who are quite sane and normal there is a but it is an incipient form of the same sort of a tendency as are obsessions—the patients are obsessed experiences. To think or to act in a certain way. In a person we find the phobias, or morbid fears. A very sorts of things connect the fear of heights. A phobia seems up with the experience exaggerated fear of the ordinary type,

but in other cases one may find people fearing things that no ordinary person would dream of fearing.

Before turning to explanations, one ought to describe in a little more detail the state of mind of these patients. Besides the actual obsession or phobia, one has to attack in these patients a constant feeling of anxiety. Constitutional anxiety seems to be intensified in them, to be continuous throughout their lives, and to become more acute under certain conditions. To anticipate what I shall say later, one usually finds that, if one succeeds for a time in curing a patient of his obsession or phobia, he will return to this general anxiety-tendency. One of my patients felt a constant anxiety lest he should return to an obsession of some kind or other—a feeling which could not be allayed until a lengthy analysis had revealed the source of this anxiety in disturbance in his early mental development. Freud once held a striking theory as regards compulsion neurosis. He said that the patient was really obsessed about the wrong thing. What had happened was that in the past, at some time or other, something had gone wrong with the development of his psycho-sexual life. He had done something which he was ashamed of, and which was charged with an intense emotion or “affect” of a painful nature which he had tried to repress and to drive out of his mind. He had only succeeded in dissociating the affect from the memory. The memory thus became harmless and, as it were, walked quietly into the unconscious, but the affect had still to be dealt with, and found its way along association channels to other less suspect ideas and memories. The patient, who should be worried about some guilty thought or tendency or act of the past, is now worried about something which is obviously innocent and harmless. Thus the obsession is a kind of disguised vice. According to the more recent form of

Freud's theory, an obsession is a *reaction formation* to some tendency of very early life, such as sadism or the aggressive tendency.

It seems to me that one cannot well lay down a single definite generalization about such cases, but one is certainly tempted to believe that a very important factor in compulsion neurosis is great exaggeration of the innate tendency towards anxiety which these patients possess. That is why analysis alone sometimes does not greatly help the patient and why subsequent suggestion treatment with muscular relaxation often does make the patient better. In the past people have often claimed to have hypnotized such cases and to have made them better by this method. Janet, however, has said in his greatest book¹ that he does not understand these reports, and my experience bears him out. I do not think that these cases are hypnotizable, though one may temporarily increase their suggestibility by making them passive, and thus help them to fight down their fixed idea and also to get rid of this general tendency towards anxiety. One may keep them in this attitude whilst they regain their physical and mental health.

Nevertheless, in many cases a course of autognostic treatment, and deep mental analysis with little or no suggestion, may produce recovery.

¹ *Les Médications Psychologiques*. Paris : Félix Alcan, 1919.

CHAPTER VIII

HYPNOSIS AND SUGGESTION

WE have now to consider in more detail the nature of hypnosis, the process of hypnotism, the nature of suggestion, and the relation between hypnosis and suggestion. Beginning with hypnosis—historically the practice of hypnotism preceded the theory and practice of suggestion, and the historical order throws light upon the scientific relationship.

HYPNOSIS

The word "hypnosis" was invented by James Braid of Manchester, to describe a state of mind and body into which some patients are thrown by certain special methods ; this state very closely resembles a state of sleep, and had been produced years before by Franz Anton Mesmer. Certain phenomena and characteristics of the mind and nervous system first observed in Mesmerism were later described under the title Hypnotism and later still under that of Suggestion. The events of recent years have enabled us to approach the subject again in an unbiased way, and to a certain extent independently of earlier literature. After the work of Mesmer and people like Braid, Elliotson, and Esdaile, there grew up a tendency for writers who had no great practical experience to copy from one book to another statements concerning the laws of hypnosis without any close scrutiny or testing of those laws. Up to the time of the War the number of typical hypnotic patients that any single medical man had the opportunity of seeing was com-

paratively small ; thus there was a distinct tendency for his views to be biased by his own limited findings, and for his theory to be uncritically supplemented by statements that he found in books.

The large number of nerve cases produced by the War gave material of unrivalled excellence for the study of the phenomena of hypnosis, and I, for one, very quickly found that my practical experience was to some extent at variance with what I had previously read on the subject. Moreover, the writers were at variance with one another on fundamental matters, some holding that the more normal the person, the stronger his will, the greater his powers of concentration, the more easily was he hypnotized—i.e. that hypnotizability was a sign of mental health—whilst others stated that the more normal the person, the less susceptible he was to hypnotic influence. Nor was it evident what types of the weak-minded had been dealt with in the experiments.

I myself found that in cases of shell-shock the patients were easily hypnotized immediately after the shock. Moreover, the more definitely dissociated they were and the greater the extent of the amnesia, the more easily were they hypnotized. On the other hand, patients who showed no loss of memory were not easily hypnotized ; I do not say they were not hypnotizable, but mild methods failed to produce the hypnotic sleep.

METHODS OF PRODUCING HYPNOSIS

We may here conveniently consider the various methods used in producing hypnosis. Generally speaking, the monotonous stimulation of sense organs tends to produce hypnosis—to throw the patient into a state that resembles sleep. The patient lies on a couch and fixates, say, an ophthalmoscope mirror or a faceted diamond held

about ten inches from the eyes and slightly above the horizontal plane of vision, so that to fixate it he must turn his eyes upwards and inwards towards the bright object. After a few minutes' fixation he will, if he is a satisfactory subject, experience more and more difficulty in keeping his eyes open, and will pass into the hypnotic state. Suggestions may be given to him that he is becoming drowsy and that he is going to sleep, with the result that he falls into an artificial sleep, but continues to hear the words of the operator, and later may lose consciousness of everything else. This is a deep stage: he is apparently asleep to everything except the physician's words. Lighter stages can be produced, where he is conscious of what other people say or conscious of sounds around him, but where, nevertheless, his mind is concentrated upon the physician's words. He has no great power to move his attention from one thing to another. It is fixed upon the words of the physician.

The bright object may be replaced by a monotonous sound. A metronome beating at two a second is very useful. The patient lies listening to the beat of the metronome, and gradually falls into a state of dissociation. Another means of producing sleepiness is the use of monotonous rhythmical passes, with or without contact. We may smooth the forehead at a definite slow rate, or again we may make passes down the subject's body without touching the body at all. This method, of passes without contact, was much used by Mesmer, and seems to have a peculiar effect in certain cases. I have met with patients who resisted other methods but were ultimately hypnotized by this method.

These are the more fundamental ways of producing hypnosis, and it seems unnecessary here to refer to others, as they have no special theoretical significance. We may sum up by stating that all recognized methods of pro-

ducing hypnosis are methods of holding the attention, and so bringing about dissociation.

To return to the War neuroses: when dealing with shell-shocked soldiers of hysterical type, all that was needed was to tell them with conviction that they would go to sleep but would continue to hear what was said to them by the physician. They at once passed into a hypnotic sleep, and I could secure hypnotic phenomena in varying degree from them afterwards. The depth of hypnosis exhibited varied directly with the degree of dissociation already existing when the patient reached me. The men had already become dissociated through inability to deal adequately with the intense emotional strain produced by the shock; they were, in fact, already hypnotized. Moreover, I discovered upon reassociating their minds after a single hypnosis that they had thereby been rendered less susceptible to hypnosis—and this not because they were resisting, for they were only too anxious to proceed with the treatment, but because they had acquired a greater strength of mind, a greater unity of consciousness, which rendered the appeal of the hypnotist less effective. Reassociation of the mind, rather than increased power of voluntary resistance, was the determining factor in this loss of susceptibility.

SUSCEPTIBILITY TO HYPNOSIS

If we admit that patients who are easily hypnotized are definitely abnormal, and that hypnotizability and this form of abnormality go hand in hand, it would appear that the perfectly normal person should be unsusceptible to hypnosis. Yet we know that a certain proportion of apparently normal people can be hypnotized. Are we, therefore, to say that hypnotism itself is a normal property characteristic of a certain proportion of normal people, and that the hypnosis of which we have been

speaking—the hypnosis of the shell-shocked soldier—is something different? That is one alternative. The other is that hypnosis is always the same whether light or deep, that dissociation is always conditioned by emotional conflict, and that these apparently normal people, who are hypnotizable to a slight degree, are to that degree abnormal. I hold the second view. No one is completely normal. We are all abnormal in some respect, although only very slightly so for the most part. We may agree with Möbius that “everyone is somewhat hysterical.” We are none of us complete mental units. There is a constant tendency for certain of our emotional trends to break away from the rest, a tendency for each of us to attend to the outer world not as a completely integrated personality, but with one of the aspects of his personality. As William James pointed out, each is a system of many selves. No one is a completely unitary system of such selves. We have various desires which, while compatible with one of the selves, are incompatible with others; we try to make them compatible with all under the guidance of our dominant personality, but we never completely succeed. Unity of personality is an ideal rather than a fact; but some persons are born with a greater tendency towards dissociation. These suffer from hysteria as the effect of mental strain; they are easily hypnotizable, and in my opinion their easy hypnotizability is a pathological characteristic, not a normal characteristic. In reaching this conclusion, I am inferring according to the principle of concomitant variations.

RELATION OF HYPNOSIS TO SUGGESTION

As regards the relation of hypnosis to suggestion, the various methods that I have described of producing hypnosis seem to be methods of inducing sleep by suggestion, but they are not all methods of that nature. Con-

sider shell-shocked men. The patients are already hypnotized—they are in the same mental state as other hypnotized persons—except that they are not *en rapport* with a hypnotist. All that is necessary is for the doctor to get *en rapport* with such a patient, and the ordinary phenomena of hypnosis can then be obtained. Even if we admit that for the most part hypnosis is produced by suggestion of sleep, the effects obtained in cases that are deeply hypnotized cannot all be accounted for as results of suggestion. Some cases pass into deep hypnosis at once, and many of the phenomena then observed are phenomena relatively independent of suggestion. For example, the patient when he is deeply hypnotized may be found to have a much wider memory, a memory for a much larger extent of his past life than he had before. Or take a patient with loss of memory; we can easily hypnotize him and often find that his lost memories come up, although he has been given no suggestion whatever with regard to these lost memories. In other cases it is true that one has to suggest that the memories will come back, but here again it is difficult to plead that the recall of the memory is entirely the effect of suggestion.

It would seem that there are two distinct characteristics present. There is hypnosis, which is a form of dissociation, and there is an increased suggestibility, and the suggestibility and depth of hypnosis do not vary concomitantly all down the scale. They may vary in proportion to one another in the lighter stages of hypnosis, but with a more pronounced degree of hypnosis there is sometimes loss rather than gain of suggestibility. In some directions the deeply hypnotized patient may not be suggestible at all; he may have passed beyond one's powers of suggestion. His power of response is more selective. What has really happened is that one has split off one small part of his mind; the rest of the mind is dissociated

from this small part and immune to hetero-suggestion.¹ The result is that after waking the patient up the immediate effects seem to be good. The suggestion has taken root, but only in a small portion of a dissociated personality, and quickly wears off. It would seem that the distinction between suggestion and hypnosis is such that one can practically separate suggestion and hypnosis as methods of dealing with patients. Hypnosis is a valuable method of dealing with loss of memory, of dealing with dissociation already produced by other causes, for one can use it once to recover the lost memory and then reassociate the patient. By so doing one makes him a more normal man.

¹ Hetero-suggestion = suggestion implanted in a patient by another person. Auto-suggestion = a suggestion implanted in a patient by himself. In so far as all forms of suggestion must be *accepted* by the patient himself in order to take effect, all suggestion may be called auto-suggestion. But this wider use of the latter term slurs over a distinction that is of great importance in practice.

CHAPTER IX

SUGGESTION WITHOUT HYPNOSIS

Is it possible to employ suggestion without hypnosis? I am inclined to believe it possible, although most people would probably describe such cases as cases of very light hypnosis. It seems to me that the dissociation of the mind of a normal person falling asleep in the ordinary way is itself a normal dissociation, different in value from the dissociation of hysteria and hypnosis, and that production of this normal dissociation suffices in order to apply suggestion to the patient. In sleep it would seem that the so-called higher mental functions, those associated with the cerebral cortex, are dissociated *as a whole* from the so-called lower unconscious functions, whereas in hysteria and hypnosis the dissociation is within the realm of the higher functions. They are no longer a unity.

DEFINITION OF SUGGESTION

I have not yet defined suggestion. F. W. H. Myers defined it as "a successful appeal to the subliminal," C. Baudouin as "the subconscious realization of an idea." This second definition will serve our purpose; it involves a subconscious, the possibility of the acceptance of an idea by that subconscious, and the realization of the idea by subconscious mental activity, a certain latent period elapsing between the acceptance and the realization of the suggestion. There is a great deal of evidence for the view that in normal sleep the subconscious in its entirety is more easily approachable. The conscious mind that

has dominated it during the day is losing its hold and sinking more and more into abeyance. In this situation ideas that are presented to the subconscious have a greater chance of making an impression on the subconscious and being accepted by the subconscious. When this happens the subconscious proceeds to realize the idea.

It has been proposed¹ to compare the relation of the conscious to the subconscious with the relation of external to internal. The mind has developed in relation to an external environment which it has had to learn to know and to act upon. In that process it has become conscious intellect and conscious will. But the affairs of the body itself have to be carried on ; a certain portion of the mind presides over these bodily functions, even over the cerebral cortex which is supposed to be in the most intimate relation to conscious mental activity. This part is the subconscious mind and has as its main characteristic a sensitivity to suggestion, even as will is the active characteristic of the conscious mind. If one wishes to bring about a change in the subconscious attitude towards the environment, will is ineffective because the material, for dealing with which it has been evolved, is quite different in nature from the subconscious. The subconscious is susceptible to the reception of ideas in a more or less passive way, and is able to realize those ideas in its own manner and produce changes in the body. Among these changes we may assume that it can produce changes in the cerebral cortex, that it may the more easily produce changes in parts of the body that are related to the nervous system.

This is one possibility. *I am not exactly advocating it : the evidence is not sufficient*, and it may seem rather too extraordinary to fit in with accepted results of

¹ By C. Baudouin : *Suggestion and Auto-suggestion*.

research in neurology, biology, and physiology. What we are compelled to accept, however, are the facts themselves. We do find situations where the will is apparently powerless and the intellect useless, yet where suggestion at once succeeds in producing effects if the patient can but fall into a half-waking, half-sleeping passive state of mind. Under these conditions calm and impressive suggestion does not stir up opposition. The ideas suggested tend to realize themselves, results are obtained, and subsequently—what is still more important—the patient finds that he is able to use the method himself. He is able to put his mind into a state in which the conscious mind ceases to strive and allows the subconscious to assume control. Unlike volitional concentration of the attention, the concentration obtained in successful auto-suggestion is free from strain. Not only are the voluntary muscles relaxed; all conscious mental process is also relaxed, and the patient is able himself to call up the idea of the desired end quietly, without definitely speaking the words, and in calling up these thoughts of complete recovery or thoughts of improvement he has the mental attitude of complete certainty. He *knows* that his thoughts are coming true. He *knows* that the suggestion will realize itself. He *knows* that during sleep the subconscious will realize the idea more and more fully. Under these conditions ideas presented to the patient by himself do tend to become realized.

THE NORMAL STATE OF INCREASED SUGGESTIBILITY

What is this state of mind in which the power of suggestion increases? Many would say it is a state of light hypnosis. Whether this is so or not, it is, in my view, a normal state. It is a state that perfectly normal persons pass through as they lose consciousness in sleep;

moreover, it is a state that has no bad effects. From experience I conclude that there is no pathological dissociation in this state. One can limit the range of conscious activity, get an increased suggestibility for the moment, and then, when the patient returns to the normal state, he is found to be no more susceptible than heretofore to hetero-suggestion. In this it differs from hypnosis. A person who has been hypnotized is more susceptible.

An impression may be obtained from some writings that the longer the periods during which auto-suggestion is practised, the better the effect. It is, however, much better in using auto-suggestion to get the state of mind for a very short time, for a minute or less, and not to attempt to keep this frame of mind for a longer time. The reason for this is that a short interval of time suffices to secure the state of mind, to establish contact with the subconscious and to implant the idea of the desired end. The subconscious then, without further assistance from consciousness, proceeds to realize the idea at its own leisure. In this way one takes advantage of a normal suggestibility and is free from any danger. But if one tries to prolong the state for several minutes, one runs the risk of one's own subconscious throwing up an opposite suggestion. Patients who suffer from depression have themselves told me that, although the suggestion may seem to work when they get treatment from me, when they seek to suggest to themselves, all the time a small voice is negating the idea they are striving to implant. This opposition is sometimes of more effect than the auto-suggestion, and the patient may make little or no progress. In such circumstances, if one shortens the time spent in auto-suggestion, a better result is secured.

THE "LAW OF REVERSED EFFORT"

M. Coué, of the New Nancy School, has sought to summarize the facts in his so-called law of reversed effort. He has stated it in this way: (1) when the will and the imagination are in conflict the imagination always wins; (2) in conflict between will and imagination the imagination varies in direct ratio to the square of the will. He is using the terms *will* and *imagination* in no clearly defined sense, but, put roughly, he pictures a struggle between the active and conscious striving of the will, on the one side, and imagination in the shape of a suggestion that, having been accepted by the subconscious, tends to realize itself through subconscious mental activity, on the other. He observed that over-anxiety counteracts the effects of suggestion. Take the ordinary experience of seeking to sleep. If you are anxious to go to sleep, you may become wider and wider awake. Or, again, take a case of temporary loss of memory. If you make a greater and greater effort of will to recover the memory, you really seem to drive it farther and farther away, but when you change your mental attitude to a state of passive waiting, the lost memory will often come up. You have freed yourself from effort and so created the conditions in which the subconscious works and gives results.

Is this law of reversed effort the best way of formulating the doctrine? If it is we are faced with a rather serious situation, for it tends to depreciate the will. It makes suggestion something absolutely different from the will, and puts the will in a definitely inferior position as regards these different forms of nerve illness and as regards ordinary life. Are we forced to adopt this position? It seems to me that we are not. The facts are correct, and have long been recognized. It is the point of view that

Coué emphasizes in his law that I would criticize. Let us consider how the will and imagination do come into conflict with one another. Suppose that you are anxious to remember a name, you make an effort of will and find the name disappears.¹ Then you adopt the attitude of auto-suggestion and the name comes up once more. Perhaps you want to introduce someone to another friend of yours and you wish to avoid appearing foolish, but the name will not come. You make an effort of will to secure it, *but your effort of will is a special kind of will,² a rather weak, fitful form of will, because it carries with it fear of failure.* Just as a weak swimmer, suddenly seized with fear, strikes out irregularly and rapidly and sinks, so your will under the influence of fear becomes a spasmodic, useless will that must be abandoned before the lost memory will float up. The fear of failure is a very prominent part of your total mental state. Inability to remember the name arouses fear of a continued inability to recover it. This added emotion wins the day and your spasmodic will is vanquished. Really, however, the conflict is not between your will and the suggestion, but between one suggestion and another; the suggestion or idea that the name will come to you and the suggested opposite. By willing in that spasmodic way you have produced the counter-suggestion. This is reinforced by the emotion of fear, and makes your will the kind of will that is inferior to suggestion. The complete form of will is never in conflict with suggestion. This will works not through an effort of determination, but with a calm assumption and resolution that, of course, it is going to succeed. This kind of will is not inferior to suggestion. In

¹ The forgetting of names is sometimes (not always) due to repression, as Freud was the first to point out. In such cases the passive attitude of mind helps to remove the repression. But in these, as in other, cases the mental factors described above are also active.

² Indeed, not complete will at all; see next chapter.

dealing with patients we find that, if the law of reversed effort is explained to mean that entire passivity will secure a certain result, there is often improvement at first, but the patients are mystified and find that eventually they have to use their wills in one form or another. It becomes necessary to explain that spasmodic, impulsive will is not an expression of the full personality, that what they should cultivate is a will based upon a quiet, calm, firm belief in the reality of health and in the innate tendency of body and mind towards health. Such a form of will is not in opposition in any way to suggestion for their good ; in fact, their individual suggestions are merely aspects or parts of that will. Hence I cannot help feeling some doubt about this formulation of the law of reversed effort. One must avoid strain in carrying out hetero-suggestion or auto-suggestion, but it is a dangerous doctrine to say that one must avoid will. Obviously one must avoid spasmodic will, but one needs the steady determination to retain a real belief in the power within that works towards full health of body and mind. One must will to be well, one's efforts of will being of the nature of a studied resolution coupled with a set calm faith that we are in harmony with, and not unimportant parts of, a much wider spiritual system.

CHAPTER X

AUTO-SUGGESTION AND MENTAL ANALYSIS

THEORY AND PRACTICE OF M. COUÉ

IN the previous chapter we have had occasion to criticize M. Coué's formulation of his "Law of Reversed Effort." In doing so we do not for a moment dispute the *facts* upon which the law is supposed to be based. Indeed, these facts have long been recognized by all who practise suggestion treatment. In carrying out suggestion treatment all effort should be avoided. Suggestion and auto-suggestion should be employed to supplement the will, not to supplant it.

But the possible conflict of which Coué speaks is one between opposing suggestions, in which a complete act of will never figures. One of the best definitions of volition, as we have already seen, is that given by G. F. Stout: "Volition is a desire qualified and defined by the judgment that, so far as in us lies, we shall bring about the desired end because we desire it." The "judgment" in this definition comprises, of course, *belief*, and if completed it is superior to imagination acting alone. Fear, doubt, or uncertainty prevents the occurrence of completed volition. Coué himself sums up the situation in his phrase, "Je voudrais bien mais je ne peux pas." Here the *voudrais* cannot be equated with *volonté* or volition. It represents a *wish*, a very different state of mind. As Aristotle reminded us 2,000 years ago, we can wish the impossible but we cannot will it. We must believe a thing possible before we can will it at all.

Coué is equally unsatisfactory in his definition of imagination. He identifies it with the unconscious, in the following passage of *La Maîtrise de Soi-Même*, p. 3 :

“ Non seulement l'inconscient préside aux fonctions de notre organisme, mais il préside aussi à l'accomplissement de toutes nos actions, quelles qu'elles soient.

“ C'est lui que nous appelons imagination et qui, contrairement à ce qui est admis, nous fait toujours agir, même et surtout contre notre volonté, lorsqu'il y a antagonisme entre ces deux forces.”

But if we then turn to what he has to tell us about this “unconscious” we find no adequate definition of it. Nor is this surprising, since he has no theoretical or practical acquaintance with the analytic investigations into the nature of the subconscious or unconscious.

On the practical side, one may criticize Coué's method in that it involves an encouragement and training of the patient's psychological automatism and produces a dissociation which is similar in kind to the dissociation of hypnosis and of hysteria. This is especially obvious in the last of his four *expériences*, or preliminary experiments which patients are put through in the course of learning auto-suggestion. His description is as follows :

“ *Quatrième expérience.*—Prier le sujet de croiser les mains et de serrer les doigts au maximum, c'est-à-dire jusqu'à ce qu'il se produise un léger tremblement, le regarder comme dans l'expérience précédente [i.e. le regarder fixement, sans remuer les paupières, à la racine du nez] et tenir ses mains sur les siennes, en pressant légèrement celles-ci, comme pour les serrer plus fortement. Lui dire de penser qu'il ne peut plus desserrer les doigts, que vous allez compter jusqu'à trois et que, quand vous direz : ‘Trois,’ il devra essayer de séparer ses mains, en pensant toujours : ‘Je ne peux pas, je ne peux pas, etc.’, il constatera que cela lui est impossible. Compter

alors, 'un, deux, trois,' très lentement, et ajouter immédiatement, en détachant les syllabes : 'Vous-ne-pouvez-pas, vous-ne-pou-vez-pas, etc.' Si le sujet pense bien : 'Je ne peux pas,' non seulement il ne peut pas desserrer les doigts, mais encore ces derniers se serrent avec d'autant plus de force qu'il fait plus d'efforts pour les séparer. Il obtient en somme le résultat contraire à celui qu'il voudrait obtenir. Au bout de quelques secondes, lui dire : 'Maintenant, pensez : Je peux,' et ses doigts se desserrent.

"Avoir toujours soin de tenir le regard fixé sur la racine du nez du sujet et ne pas permettre à ce dernier de détourner un seul instant ses yeux de vôtres."

Four lines farther down, Coué writes of this experiment, "Employez toujours un ton de commandement qui ne souffre pas de désobéissance." (*La Maîtrise de Soi-Même*, p. 16.)

This is an extremely neat experiment to illustrate dissociation, and the final instructions about "fixing the regard" and "using a tone of command" ensure that its relation to hypnotism shall not escape our notice.

ANOTHER METHOD OF TREATMENT BY SUGGESTION AND AUTO-SUGGESTION

But the best method of employing suggestion and auto-suggestion would be one that avoided artificial dissociation altogether. This may be carried out by asking the patient to lie on a couch with eyes closed and all voluntary muscles, as far as possible, relaxed and to think *passively* of sleep. The patient must avoid all effort, and if thoughts thrust themselves upon his notice he should quietly turn his attention away from them and let them, one by one, pass by. He is to allow his mind to dwell upon the idea of sleep throughout the whole time that he lies on

the couch, and to pay no attention to the words that the doctor will address to him later on. Although he will no doubt hear these words he is not to listen (actively) to them. For the first few moments the doctor suggests relaxation, passivity, and sleep in calm tones, and then proceeds to give his suggestions in a low voice, speaking with calm certainty. The suggestions are both special suggestions in reference to the actual symptoms and to their causes, so far as they may have become known through previous mental analysis, and also general suggestions of sound mental and physical health. The further suggestion is also given that the patient will be able to help himself by auto-suggestion, which he will practise the last thing at night and the first thing in the morning until recovery is complete. The patient is allowed to lie on the couch, thinking of sleep, for an hour at a time, and the suggestions are given to him every five or ten minutes. It has been previously explained to him that, although he is not listening to the suggestions with his conscious mind, yet his subconscious mind will receive them and act upon them. It is also explained to him that, should he actually fall asleep during the hour, it will be normal sleep, not hypnotic sleep, and that the suggestions will be received all the same. Almost all patients are able to be passive for an hour at a time in this way, and experience no restlessness whatever while doing so. They often express surprise at this, and state that they could never do this by themselves at home. They may also lose the sense of lapse of time, so that the hour seems but a few minutes. The rest itself appears to have a specially recuperative effect—like a concentrated rest-cure, as one of my patients remarked to me. After a few hours of treatment most patients find themselves able to carry out auto-suggestion satisfactorily. My advice as regards *auto-suggestion* is that the passive state should

not be prolonged for more than about a minute at any one time, for reasons already stated (see p. 91).

Permanent improvement may be obtained in this way, especially if the suggestion treatment is preceded by an adequate mental analysis. Almost all patients need help by suggestion from another person before they can obtain much success through auto-suggestion. This is not surprising, since suggestibility is an essentially *social* characteristic. It is only secondarily that one becomes suggestible to oneself as to an *alter ego*.

RELATION OF SUGGESTION TO MENTAL ANALYSIS

Much has already been said, directly or by implication, as regards the relation of suggestion to mental analysis, in Chapters I, II, and III. Dealing with the problem from a more general point of view, one may harmonize these two lines of thought in the following way. As a result of mental conflict the mind is weakened; there is a weakening of mental synthesis with the resultant tendency to be more readily overwhelmed by emotion, and more readily carried away by certain ideas if supported by certain feelings. In this way our subconscious becomes more ready to accept fortuitous bad suggestions coming down from consciousness. Thus in the ætiology (or causation) of functional nerve disease one finds both general factors at work, viz. mental conflict and bad auto-suggestion. Similarly, as regards cure, one may by analysis help a patient to see the relationship between the systems of ideas which have been in conflict, and to make up his mind as to what line he should take to overcome the physiological and psycho-physiological effects of repression. But one may also apply counter-suggestion to overcome bad habits of mind and body arising through bad auto-suggestion at the time of the original mental conflict.

It is in the case of patients suffering from stammering, drug habits, enuresis, etc., in which an habitual reaction of a pathological nature has grown up in the course of time, that suggestion and auto-suggestion are most obviously needed as a supplementation of treatment by mental analysis.

Suggestion treatment is also of value in some forms of organic nerve disease, where an added "functional" element, produced by bad auto-suggestions and by the derangement of parts of the nervous system other than those directly affected by the disease, can be diminished or even eliminated by well-directed counter-suggestion.

It may be beneficial in some purely physical diseases, through its power of influencing blood-supply by way of the vaso-motor nerves, as well as by counteracting previous bad auto-suggestions in the mind of the patient. In cases of a certain type suffering from high blood-pressure, it seems sometimes to have the power of lowering the blood-pressure or slowing the rate of its further rise.

PSYCHOTHERAPY AND SPIRITUAL GROWTH

The relation between mental healing and religion is very close, and cannot be passed over in silence. Suggestion points inevitably beyond itself towards faith as its ultimate goal. In like manner mental analysis and auto-gnosis lead on to the problem of mental synthesis in which a general philosophic and religious outlook on life is demanded of both patient and analyst. The patient must work out his own salvation, it is true, but he will turn to the analyst for help and is justified in looking for such help. Some training in ethical and religious philosophy on the part of the analyst is well-nigh indispensable to his intellectual equipment in dealing with certain types of psycho-neurosis. On the other hand, no form of spirit-

ual healing can safely dispense with medical opinion, and in particular with the specialized knowledge in neurology and psychiatry which every well-qualified psychotherapist possesses.

In considering this subject it is desirable to examine a little the phenomenon of spiritual growth, for unless this process be appreciated the analyst can render little help and what he does may frustrate rather than encourage.

Growth is a concept not easy to define. It is not merely accretion or the addition of one thing to another ; it is an incorporation of things from the environment into the living organism so that that organism itself becomes greater, more complex in its structure, and richer in its fulfilment. I do not think that mental growth should be contrasted with spiritual growth. To draw a hard and fast line between the spiritual and the mental is a fallacy. The mental is spiritual from the beginning, and any contrast between the two is a contrast of points of view only.

Psychology is the science of mental process and considers the mind from the point of view of causal sequence. But the mind can also be considered from another point of view, namely, that of values as contrasted with sequences, and it is here that the spiritual comes in. The mental sciences of ethics, æsthetics, and logic function in this realm ; they may be regarded as " sciences of the spirit," the system of co-ordinated knowledge relating to the good, the beautiful, and the true. In psychology, sequence of mental processes corresponds to sequence of neurological processes in the brain. In the same science, value, as defined by Adam Smith, expressing the utility of some particular object, is the satisfaction of desire. But when desires and their satisfactions become organized, as they do in every mind, they are found to have reference to ends which in their turn are subordinated to ends more re-

mote. This process, however, cannot go on *ad infinitum*. There must be one final value to which all other values are—and rightly,—subordinated. The adjustment and due subordination of values with reference to one final value, making a hierarchy of values, is a spiritual adjustment, and the process of such adjustment is the process of spiritual growth.

Aristotle said that the chief good was *θεωρία*, philosophic contemplation, the most eternal thing within man's power ; but much more is included in eternal value, both ethically and æsthetically. There are three ultimate categories of values, those, namely, just mentioned, of the good, the beautiful, and the true, all of them beyond mere sequence, and therefore eternal in the sense of being super-temporal. The complete possible realization of these values as threefold aspects of one ideal is the highest good for man.

The eternal is not a *totum simul*—an “all at once.” Every moral act, every heroic act is itself eternal. The eternal is the fulfilment of the temporal, which is incomplete without it. In conscious life even at its lowest level we are above mere time, and as we develop the qualities of insight and the appreciation of relative values we get more and more away from things temporal. We get beyond what the Communion prayer calls the “changes and chances of this mortal life” ; in so far as these values are appreciated and become ours we accumulate that treasure in heaven which is immune from moth and rust and theft.

Every true philosopher is independent of mere temporal sequence. Certainly he suffers from what happens to others ; the contemplative state would be in no way commendable if it assigned to those who acquired it a position so remote from human affairs that they felt no sympathy with their fellows. But with regard to their

own temporal condition they have serenity. Even the prospect of death does not disturb them, for death is only another sequence, and the immortal life is lived here and now in so far as mere sequence is transcended.

The values of which we have spoken are not abstract but concrete. Our own lives may be abstract, mere fragments in a sequence of generations, but values, of which God is the ultimate and greatest, are concrete realities. There could be no such things as the good, the beautiful, and the true unless they were related to that which is beyond time and sequence—unless beyond the physical appearance there were the metaphysical reality, beyond the temporal event the eternal value. I have sketched this briefly, and wholly inadequately, as a framework on which to develop my further argument.

Spiritual things are spiritually discerned. They require imagination, not in the sense of creating the illusory, but of having cognizance of the real. We might even parallel a sacred word and say, "Whatsoever things ye ask, imagine ye have received them, and they shall be unto you." It is not a situation for petition, but rather for opening our hearts to the eternal. It is not a question of God graciously bending down to us, but of putting ourselves in relation to God. A good illustration is afforded by Holman Hunt's picture "The Light of the World," for the door at which the divine figure is knocking has no handle. The figure has to wait until the door is opened from the inside. That opening of the door is the real value of prayer. It is the putting of oneself into the desired frame of mind in relation to the eternal.

The philosophic mind is sometimes described as if it were an inward resource against misfortune. It is much more than that. It represents, not the spirit of the stoic, but that of the hero. It means that bitter experiences and calamities are not merely to be "seen through," but

in enduring them some high prize is to be won. The lesson to be learned is that life is worth while in spite of all the difficulties which none of us escapes ; it is worth while because of something higher than physical or mental satisfaction, the peace which passeth (or is beyond) understanding, the knowledge and love of God. In other words, we may have a spiritual experience which is beyond time. Our brains are temporal structures, but there is something in our consciousness higher than brain activity. The experiences which we have through the senses are just a curtain, beyond which is something unseen, but infinitely more important, with which, through true prayer, we may put ourselves into relation.

God is one throughout the universe. He is beyond time and space, though time and space are in Him. The agnostic position seems to me untenable here. We are able to know what is beyond the physical as a result of prayer, worship, and the opening of our hearts to the highest that we can compass. It is in that way that spiritual growth takes place. It is something beyond scientific discernment, an intuitional experience of truth and of the full meaning of existence, an onward look towards that "divine event to which the whole creation moves." At the end of metaphysics there is religion. "The religious consciousness implies the reality of that object which also is its goal." Philosophy should justify all sides of our nature, and this means that our main cravings must find satisfaction. A philosopher may reach religion through metaphysics, while not denying that other people may reach it in other ways.¹ As a scientist

¹ As the great Oxford philosopher F. H. Bradley puts it : "All of us, I presume, more or less, are led beyond the region of ordinary facts. Some in one way and some in others, we seem to touch and have communion with what is beyond the visible world. In various manners we find something higher, which both supports and humbles, both chastens and transports us. And, with certain persons, the intellectual effort to

who has studied philosophy I maintain that religion is the only possible completion of scientific inquiry, unless one is content in such inquiry to be bound within the narrow limits of space and time and material things.

Moreover, metaphysical insight can be assisted along the lines of religious observance and true prayer. Here let me add that spiritual growth may be helped by processes known to the psychotherapist—muscular relaxation, suggestion, the affirmation of positive results or the imagination of success. Such processes, described elsewhere in this book, are means of obtaining freedom from mental “cramp,” health and unity of body, mind, and spirit. Suggestion, as I said earlier in this chapter, should lead beyond itself to faith, and faith should express itself in the will to act upon the noblest hypothesis.

Since the important discovery of the rôle of the endocrine glands, some people have been so impressed by hormonal function as to regard man almost as the victim of his endocrine system. But that is a crude unphilosophical conception. No true assessment can be made unless it is remembered that the personality is a physical, mental, and spiritual unity. When its integrity is disturbed there may well be such confusion of the mind as makes progress difficult or impossible on the more spiritual side. Abnormal religiosity and an exaggeration of religious ideas are well known to be accompaniments of certain forms of nervous difficulty. Persons so afflicted may spend hours over preparation for Communion and show an undue

understand the universe is a principal way of thus experiencing the Deity. No one, probably, who has not felt this, however differently he might describe it, has ever cared much for metaphysics. And, wherever it has been felt strongly, it has been its own justification.” *Appearance and Reality*, Ninth Impression, 1930; Oxford, at the Clarendon Press, p. 5. But it should be added that he also wrote, on p. 402 of the same book: “Metaphysics has no special connection with genuine religion, and neither of these two appearances can be regarded as the perfection of the other. The completion of each is not to be found except in the Absolute.”

conscientiousness or scrupulousness about the smaller matters of religious observance. The background of their religion may be sound, but these morbid feelings are a stumbling-block to them. Much pathological disturbance of this kind is due to physical or mental upset, but the physical and in some respects the mental must be thought of in terms of space and time. The analyst, properly equipped, can do much to help the individual in such a condition, and to encourage in him that true spiritual growth, that organization of desires and their satisfactions at ever higher levels until at length he reaches the ultimate value in communion with the Highest.

CHAPTER XI

HYPNOSIS, SUGGESTIBILITY, AND PROGRESSIVE RELAXATION¹

I. INTRODUCTION AND HISTORICAL ACCOUNT

THIS paper, like ancient Gaul, will be divided into three parts—historical, experimental and clinical, and therapeutic. I emphasize the third part, because, as I speak of the first and second, it may be considered by some that this is a very questionable subject, or even a dangerous and harmful one, and that the sort of things that are done in hypnotism are not of a nature which will help mankind. But in the third part I shall be dealing with the constructive side, and the way in which the knowledge of this subject may be used therapeutically for the help of the individual.

The history of hypnotism in modern times begins with the work of Franz Anton Mesmer, who flourished in the eighteenth century (1733–1815). He went from Germany to Paris in 1778, and for a short time he was all the rage in the French capital, until the Academy of Sciences appointed a Commission (of which Benjamin Franklin was a member) to investigate his methods and claims. That Commission reported unfavourably, and Mesmer went back to Germany shaking the dust of Paris from his feet.

¹ A Lecture delivered at a meeting of the British Psychological Society, held at the London School of Hygiene and Tropical Medicine, Gower Street, on Thursday, April 29th, 1937; and repeated, in shortened form, before Section J (Psychology) of the British Association at Nottingham on September 3rd, 1937.

Mesmer did not induce hypnosis as we understand it now. He grouped his patients in a large room around a tub (the famous *baquet*) in which were powdered glass, iron filings, and water, and through the lid of the tub there protruded jointed iron rods. Each patient would take hold of one of these rods, place it against the part of the body where he was suffering, and after a suitable and impressive interval, Mesmer, clad in a lilac-coloured dressing-gown and carrying a wand, would enter the darkened room to soft music, and slowly proceed around the group, touching one after another with the wand. Some of those whom he touched fell into hysterical attacks and afterwards pronounced themselves better. Mesmer believed that it was a real physical influence which was exerted, the same as that which was supposed to enable the planets to act upon the earth and influence human destinies. The French Commission held that it was all to be explained in terms of the imagination of the subject. If the subject thought he was near something which had "been magnetized" and thus had a magnetic attraction for him he would fall into convulsions. Although 150 years old, the report of the Commission is very much up-to-date. It explains Mesmer's results in terms of the activity of the imagination of the subject.

In the same year—1784—in which that report was published the Marquis de Puységur discovered the state of artificial somnambulism. He was mesmerizing a shepherd boy named Victor, and found that the youth went into a sleepy state, and that in such a state he walked about for some time afterwards. The result of this work was to arouse great interest in France in the study of *extra-lucidité*, although all dealings with it were frowned upon by the medical faculty. One Paris physician, for example, would journey into the country, ostensibly to

pursue botanical studies, but actually in order to investigate a somnambulist subject lying asleep in a cottage.

Towards the beginning of the nineteenth century we find the Abbé Faria and others at work on these phenomena. Much of this work was rediscovered and represented by James Braid, a Manchester physician, in 1843. It was he who invented the term "hypnosis." A French magnetizer had been demonstrating in Manchester, and on testing his subject Braid came to the conclusion that the phenomena were genuine. He found that he could produce them by getting the patient to stare at a cork tied in the middle of his forehead; later on he used his bright lancet case. Braid was the first to emphasize the difference between hypnotic slumber and ordinary sleep, which other writers have confused. From thirty to forty years later both Liébeault and Bernheim considered that the sleep of the hypnotized patient was the same as normal sleep, but they had not experimented in the scientific sense (i.e. by applying the "method of difference" and the principle of verification), and they were working as clinicians rather than as scientific psychologists.

Towards the end of the nineteenth century a great conflict arose between the Charcot school at the Salpêtrière and the Bernheim school at Nancy. Charcot, a physiologist and neurologist, thought he could investigate the hypnotic state in a purely scientific and objective way by the method employed in the investigation of organic neurological cases. He spent a great deal of time over the case of three young hypnotized girls; he did not himself hypnotize them, and he was to a certain extent the unintended dupe of his resident physicians. Charcot thought he could distinguish three stages of hypnosis: the stage of lethargy, of catalepsy, and of artificial somnambulism. In the first stage the eyes are

closed, then, on the eyes being forcibly opened, the subject passes into a state of catalepsy with rigidity or "waxy flexibility" of the limbs, and later, if the top of the head be rubbed slowly, into artificial somnambulism, in which he can walk about and perform certain movements while still in the hypnotic state. Charcot thought that a magnet had an influence on these patients, shifting their symptoms from one side of the body to the other, and named the phenomenon "transference"—a term used in psychiatry in quite a different sense to-day.

Bernheim at Nancy was convinced that all these results were due to the activity of the imagination of the patient. His theory of hypnosis was that it signified a state of artificially-increased suggestibility, and that this could explain all the various phenomena I shall presently enumerate. On the other hand, Charcot, besides making the mistake of supposing that what was true of the trained subjects with which he worked, and in which the various stages were repeated over and over again in a particular order, was true of patients in general, considered the state of hypnosis to be a state of artificial hysteria, hysteria meaning for him a functional nervous disease with no obvious organic basis, but characterized by a particular kind of dissociation. Prof. Pierre Janet,¹ who worked under Charcot at the Salpêtrière, has set out the history of this controversy in his great book *Psychological Healing*.

If now I may be autobiographical to some extent, I would state that my experience with the practice of hypnotism began twenty-five years ago (in 1913) when I saw at King's College Hospital a case of amnesia or loss of memory extending over three years. By practising the

¹ Janet, Pierre (1925). *Psychological Healing*. London: George Allen & Unwin, Ltd., 2 vols. Translation of *Les Médications Psychologiques*. Paris: Félix Alcan, 1919.

hypnotic method I made the patient fall into a trance, and in that trance, at a suggestion from me, his memory was restored.¹ Later, during the War, I was in charge of the nerve cases in the Fourth Army on the Somme, and afterwards those of the Third and Fifth Armies, and I saw something like 5,000 cases during the War period. I tested over 15 per cent. of these with hypnotic methods. They had suffered from amnesia, and there were other symptoms such as functional paralysis of the legs, loss of voice, loss of control in various directions, with tremors. On hypnotizing these patients—and they were very easily hypnotized—if it was suggested to them that their lost memories would come back with emotional vividness they came back practically at once, and with the return of the memories the other symptoms tended to disappear. The more extensive the amnesia and the dissociation, the more easy was the patient to hypnotize, and the more rapid the restoration of the memory. I came to the conclusion on the basis of these experiences that the hypnotic state could be produced especially easily in this type of dissociation. This corresponded with the generalization Charcot had made that hypnotism was an artificial hysteria, although one could not accept other parts of Charcot's theory, which had been thoroughly disproved by the Nancy school. ✓

The Bernheim theory of artificially-increased suggestibility is also well founded, but Bernheim under-estimated the importance of the fact of dissociation, and when we come to generalize about hypnosis later on we must bear that in mind. I have not had to change my view at all on this matter. I found that my results were in harmony with those which Pierre Janet had been getting before the War. I met him at the International Congress of Psych-

¹ Brown, William (1934), *Psychology and Psychotherapy*. London: Edward Arnold & Co., 3rd edn., pp. 63–68.

ology in Oxford after the War (1923) and we compared notes on the subject. We were entirely agreed that the dissociated patient was easily hypnotized. But if one emphasizes increased suggestibility as the fundamental characteristic of the hypnotic state, one is overlooking the fact of dissociation, because suggestibility can be increased in all sorts of ways independently of the kind of dissociation of which I am speaking.

After Bernheim's death M. Emile Coué,¹ a pharmacist at Nancy, continued his clinical work and practised a method of auto-suggestion involving hypnotism. The examples he used to illustrate the process of auto-suggestion and the working of what is called "the law of reversed effort"² are clear-cut examples of dissociation and the hypnotic state. One of his demonstrations consisted in getting the subject to clasp his hands tightly and more tightly and afterwards to try to unclasp them, while at the same time thinking intensely, "I cannot separate them . . . I cannot." In that case the hands, instead of separating, become more closely linked. That is a state of psycho-neurosis, an abnormal state.

II. THEORY AND PRACTICE OF HYPNOTISM

Similarly a subject may be asked to lie on a couch with a head-light behind him, while a bright mirror—I have used an ordinary ophthalmoscope mirror—is held about 10 in. from his eyes, slightly above the horizontal plane of vision, so that he has to converge his eyes slightly inwards and upwards when a beam of light is reflected into them. As he gazes in that way it is suggested to him that he is becoming more and more drowsy, that his eyelids are becoming heavier and heavier with sleep, that in a moment

¹ Coué, Emile (1920), *La Maîtrise de Soi-Même*.

² "When the will and the imagination are in conflict the imagination always wins."

his eyes will close, that he will soon be asleep, that on the count of three he will be unable to open his eyes—and in a large proportion of subjects it is then found that they cannot open them. The more they try the less they succeed in doing so.

Just after the War a patient came to me wishing for treatment, but specially requested me not to hypnotize him. He lay down on the couch and quite accidentally closed his eyes and found that he could not open them, although I had not spoken a word. He became annoyed, indeed very angry. He had hypnotized himself, he had got into a state where the law of reversed effort was at work, he was in a dissociated state, a “house divided against itself.”

It is never normal when a person finds himself unable to do a thing which he customarily can do. Whatever people may say about the normality of hypnosis, it is abnormal if a man cannot open his eyes or unclasp his hands or drop his uplifted arm. Hallucinations, positive or negative, are abnormal. A deeply hypnotized subject may be told that you are going to show him your photograph, whereupon, on being presented with a blank sheet of paper, he sees your photograph on it. That is a positive hallucination. He may be sent to sleep and it may then be suggested to him that on waking he will be able to see only five people in the room, although in fact there are six present. He may be told that a certain person has left the room, although in fact he has not, and then on opening his eyes he will count the others and studiously avoid looking at that particular person. That is an example of negative hallucination.

All these are ordinary recognized symptoms of the hypnotic state. The method points to one thing, namely, dissociation, the setting of the mind against itself, the passing over of the control of his imagination from the

patient to the hypnotist. It must be abnormal even if the patient himself is normal to begin with—and I readily admit that a certain proportion of quite normal people can be put into a mild hypnotic state, and some into a deeper hypnotic state.

That is hypnosis, as generally described in terms of *inability* to do certain things. If the hypnotist wishes to show off his powers, he can demonstrate to an audience that a person is really hypnotized by suggesting to him that he cannot open his eyes or that, for instance, having a glass in his hand, he cannot drop it or cannot hold it. The patient's imagination is under the control of what the hypnotist is saying. In other words, he is in a dissociated condition, the full power over his eyelids or his hand being dissociated from the rest of his mind.

III. THERAPEUTIC HYPNOTISM WITH RELAXATION

But there is another side to the story. So far as I have gone I have said nothing about relaxation. That, indeed, would not come into a mere demonstration of hypnosis, but it is of very great importance when hypnotism is used in treatment. In all my various books, in describing the process of hypnotism I have emphasized relaxation.

In the therapeutic method the patient lies on a couch, not necessarily looking at a bright object, and is asked to close his eyes, to give himself up to sleep, to let all his muscles go limp. He is told to breathe slowly and rhythmically, and in so doing his muscles progressively relax. Relaxation begins with the small muscles of the hands and feet, extends up the arms and legs, over the body, and includes the head, neck, and face. I emphasize the importance of relaxation of the muscles of the back of the neck and the muscles of the face, and especially, among the facial muscles, those that have to do with eye and eyelid movements. That is the part of relaxation

which is of special importance. There is here no question of setting one part of the mind against another. The more relaxed the subject the more drowsy he may become. As muscular tension disappears it is followed by lessened tension of the nerves and the mind, and in this state suggestions can be given with beneficial effect. The concentration on the idea of sleep, the deep breathing, and the muscular relaxation must all be carried out without effort. *Concentration without effort* sums up the mental attitude of the patient. The suggestions should always be of a positive, not a negative nature. They should never imply inability or lack of power, but always be in the direction of increased power, increased vitality, and enhancement of the normal in other respects. The patient is made so to lie for an hour at a time. I have screens closed around him, and every few minutes I give him suggestions of a special and of a general nature, then close the screens again and leave him to go on relaxing. After a few hours of treatment, on different occasions, he will become very relaxed indeed, and the suggestions he receives will have more and more effect.

Are these people hypnotized by such methods? One certainly finds that they benefit, and in a proportion of cases the suggestions take strong effect. They are themselves able, moreover, to use the method of auto-suggestion, practising it last thing at night and first thing in the morning. Suggestions may be given to them about the background of their mental condition. They may be given general suggestions that when they wake in the morning it will be after refreshing sleep and with increased mental and physical fitness. Any modern psychotherapist in such cases would also carry out a certain amount of preliminary analysis, seeking the general underlying psychological reasons for the condition. But there

are some cases in which a lengthy analysis is impracticable.

IV. HYPNOSIS AND PROGRESSIVE RELAXATION : EXPERIMENTAL EVIDENCE

Does the benefit follow from the hypnotic state or from the state of relaxation? Here we come to the experimental work. A great deal of experimental work has been done on hypnosis, especially in America. One general measure of increased suggestibility is obtained by recording on a smoked drum in the form of a curve of oscillation the responses of a blindfolded subject to certain suggestions, as, for example, that he is moving forward. Another method we have found useful is to note the change in the knee-jerk. M. J. Bass¹ in America originally carried out some experiments in this direction, and those have been repeated by myself and my colleague Dr. W. Stephenson at the Institute of Experimental Psychology at Oxford. A kymograph is used with a long sheet of smoked paper and a lever to record the curve. The subject sits in a kind of dentist's chair and an electrically-controlled hammer is employed to give every 10 seconds a smart blow to his patellar tendon, so as to bring out the knee-jerk as fully as possible. By a thread from the subject's heel passed round a pulley, a tracing of the knee-jerk is reproduced on the travelling smoked paper. Bass found, using similar apparatus, that a subject who had really gone off to sleep lost his knee-jerks, but if put into a hypnotic slumber the knee-jerks remained and were, in fact, as pronounced in the hypnotic as in the normal state, if not more so. He suggested that one method of distinguishing normal sleep from hypnotic sleep was the effect on the knee-jerks. In normal sleep

¹ Bass, M. J. (1931), "Differentiation of the Hypnotic Trance from Normal Sleep," *J. Exper. Psychol.*, XIV, pp. 382-99.

the knee-jerk disappears, in hypnotic sleep it remains.

Another criterion distinguishing hypnotic sleep from normal sleep in Bass's experiments was that, if suggestions are given to a subject before he passes into normal sleep that he will at a given signal—for example, a faint buzzing sound—press a button, he will fail to do so, but if hypnotized, although he may seem to be in a very sleepy condition, he will be sure to press the button whenever he hears the buzzer or whatever the signal may be. Thus we have two distinguishing marks of hypnosis as contrasted with normal sleep.

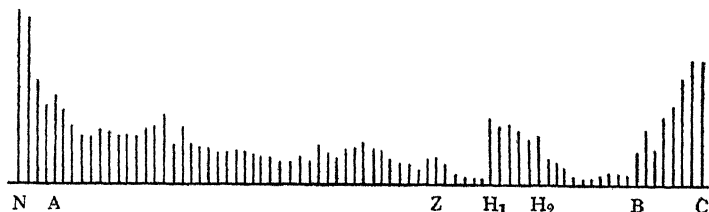


Diagram showing knee-jerk measurements during the course of progressive relaxation, suggestion, and hypnoidal state. Subject J. C. Age 22 years. Made on Feb. 13th, 1937, at the Institute of Experimental Psychology, Oxford University. Each vertical line is the average of four consecutive measurements of the knee-jerk, which is stimulated at 10-sec. intervals. *N*, normal knee-jerk, wide-awake condition of subject. *A*, suggestion is given: "Go to sleep." The suggestion is repeated at intervals between *A* and *Z*. *Z*, development of hypnoidal state. Subject is in hypnoidal state from *Z* to *H*₁. Quiet arm movements can be made, without changing the relaxed condition of the knee-jerk. *H*₁, right-arm catalepsy; strong suggestion that subject cannot drop his arm no matter how hard he tries. Subject is unable to drop his arm, in spite of apparent effort to do so. Note the reinforced condition of the knee-jerk. Between *H*₁ and *H*₂, left-hand catalepsy was also demonstrated. *H*₂, return to relaxation with suggestion. *B* to *C*, gradual return to waking state, and normal knee-jerks.¹ (By permission of the "*British Journal of Psychology*.")

In carrying out experiments, combining with the method of hypnosis the suggestion of relaxation, my

¹ I wish to express my thanks to Dr. W. Stephenson, the Assistant-Director of the Institute, for the preparation of this diagram.

method has been to get the patient to fixate a bright light and then to get him to relax his muscles. I suggest to him that he is becoming drowsier and drowsier, that he should fix his mind on the idea of sleep, emptying his mind of all else, that he should breathe slowly, deeply, and regularly, and let all his muscles relax, beginning with the muscles of the hands and feet, as previously described. Thereupon the patient becomes almost completely relaxed with knee-jerks abolished though not yet asleep. In such a condition I may give the suggestion that, after I have counted three, he will not be able to open his eyes, and at once the knee-jerk, which had disappeared, returns (see diagram above). One may link up the patient with an apparatus for testing the psycho-galvanic reaction, finding a resistance in the hand of 20,000 to 30,000 ohms on starting, which resistance rapidly rises as he becomes more and more drowsy and relaxed. Conversely, directly hypnotic experiments begin with the same subject, the resistance falls.

One has found that thoroughly normal undergraduates respond readily to these simple suggestions given in a hypnotic procedure. At the particular suggestion they become unable to open their eyes, their arm becomes rigid, or they are unable to drop an object or to hold it, as the case may be. But as one watches such experiments, one feels that they cannot be good for the subject. On one or two occasions they may be without harm, but when repeated again and again they must be detrimental to the subject. I have deliberately avoided such repetition, for subjects become quickly habituated to the condition. It is a habit-phenomenon, but to produce an inability at another's word of command is not a habit to be encouraged. Let me add at this point that almost anyone, with a sufficient amount of care, deliberation, and determination, can hypnotize himself. He has to narrow

down his mind as it were to one visual point on the horizon, practise an absolute fixity of attention, and he will feel rigid or limp as the case may be, and become strongly susceptible to self-suggestion.

On the other hand, the best subject we have treated in our recent experiments at Oxford was a definitely hysterical individual (not an undergraduate). He was a man who had received a shock as the result of a mishap at his employment (nearly falling from a ladder), and a day or two later he began to stammer. He responded extremely readily to the hypnotic procedure. I suggested to him in hypnosis that 5 minutes after he woke up he would go to the door of the laboratory and turn off the electric switch; he did so, and when asked why he did it he gave an *ad hoc* reply, namely, that he generally turned off switches when he noticed them, as, e.g., with his wireless at home—an example of rationalization. There seems to be a dissociated tendency which works on its own at the right moment in response to suggestion, and remains latent until that moment for manifestation. This is the well-known phenomenon of post-hypnotic suggestion.

The wide possibilities of experiments of this nature will be at once appreciated. There are hardly any limits to the amount of variation which can be applied. In these normal subjects on which we have been working the knee-jerk disappears with the suggestion of relaxation and returns at once on any hypnotic suggestion. The impression one gets is that the state of lethargy is a mixture of sleep and hypnosis. That is the view behind Prof. Clark Hull's *Hypnosis and Suggestibility*¹—a book containing a very great amount of material derived from experimental work. Instead of regarding the first stage of

¹ Hull, Clark L. (1933), *Hypnosis and Suggestibility*. New York and London: D. Appleton-Century Company Incorporated.

hypnosis as just a hypnotic state, it should be regarded as a state of sleep with the hypnotic state intermingled. The patient is on the way to sleep, and so far as sleep occurs it is normal sleep, but whenever any suggestion is given in regard to hypnotic procedure, the hypnotic state is immediately manifested. The sleep state is passive, whereas the hypnotic state is active, and we come back to our problem of what we are to make of the state of relaxation which we can evoke by hypnotic methods.

The experimental work seems to indicate that the hypnotic procedure can produce relaxation, although, if relaxation be not mentioned, the hypnotic state is produced nevertheless and the various stages of hypnosis observed. If the same hypnotic method be used with suggestion, and relaxation be suggested, relaxation is produced very much more rapidly than in any other way. The method of progressive relaxation which I have described is similar to (but not identical with) that which has recently been elaborated by Dr. Edmund Jacobson¹ in a work published under this title by the Chicago University Press in 1929. Jacobson enumerates thirty-two points of difference between relaxation and suggestion (pp. 303-8), and he does not use suggestion to produce relaxation as I do. It is true that relaxation as such, like sleep itself, is not a state of hypnosis. Jacobson's own method is to get the patient first to contract the biceps muscle against slight resistance, then to contract the triceps, the quadriceps, and the various other muscles of the body, thus becoming acquainted with the sensation of muscular contraction in these parts, and then to proceed by allowing that contraction to disappear and "go in the negative direction,"

¹ Jacobson, Edmund (1929), *Progressive Relaxation*. Chicago: The University of Chicago Press.

thereby obtaining a state of relaxation. The patient is urged to relax still further to get rid of "residual tension." Jacobson finds patients get on better with relaxation when left to themselves, after some preliminary instruction. Dr. Jacobson's book should be, of course, consulted for an adequate account of his method.

But I have found that by using the hypnotic procedure with suggestion I can produce relaxation very much more quickly, and the patient himself can produce very marked relaxation by self-suggestion.¹ I regard this as part of the hypnotic state, the result of a hypnotic procedure, but in that procedure it is a positive normal achievement which is being suggested to the patient, not something abnormal, not a disability, not a crippling of his powers. The relaxation is progressive in that (in response to my suggestion) it starts with the muscles of the hands and feet, spreads up the arms and legs, and eventually embraces all the muscles of the body, especially those of the back of the neck and of the face and round the eyes. From the voluntary muscles the process spreads to the involuntary muscles, the muscles of the stomach and intestines, and probably those of the blood-vessels, the autonomic nervous system is affected, and thereby still greater relaxation is produced. This is the method which I have for years employed in producing progressive relaxation in my patients. It is different from that which Dr. Jacobson has more recently devised and described, as indicated above, but I have found it not only very effective but also rapid in the production of results.

In such a state suggestions have a much more powerful effect, and the suggestions should for therapeutic purposes always be positive, not negative. One should not suggest a disability. It must be weakening to a person

¹ The diagram on p. 117 illustrates my experimental proof of this.

to have his will taken from him by someone else, and to be told that he cannot open his eyes or unclench his hand. On the other hand, it is not weakening to his will if, relaxing more than he would otherwise be able to do, he receives in that state suggestions of greater ability in various directions. In that way he is helped to help himself, and instead of being made more and more automatic, as in ordinary crude hypnotic procedure, he wins through to greater power and achievement.

By this method of constructive suggestion, the patient gains increased power, increased strength of will, increased control.

The Hindu practice of Yoga, a method of self-discipline comprising controlled breathing, systematic use of postures, and controlled meditation, presents some parallels to our method. A scientific exposition of this practice and of its theoretical basis in Hindu philosophy and religion is given in an excellent book, *Yoga, A Scientific Evaluation*, by Dr. K. T. Behanan: London, Secker & Warburg, Ltd., 1938. Yogic breathing, or pranayama, involves a holding of the breath between inhalation and exhalation, but I have not found this more helpful than ordinary deep breathing in the production of progressive relaxation.

V. HYPNOSIS AND THE WILL

There have been various definitions of the will. Behaviourists regard willing as a symbolic act effecting through a verbal mechanism a real act. They quote a very interesting experiment carried out by C. V. Hudgins¹ in 1933. He was experimenting with a subject to whom he said "Contract," a moment later flashing a bright light into the subject's eye. As a result of the light, of

¹ Hudgins, C. V. (1933), "Conditioning and the Voluntary Control of the Pupillary Light Reflex," *J. Gen. Psychol.*, VIII, pp. 3-51.

course, the pupil of the eye contracted. He kept repeating the word "Contract," accompanied by the flashing of the bright light, with the result that eventually what is called a conditioned reflex was set up, so that presently when he said "Contract," but did not flash the bright light, the pupil still contracted. Then he went further, and instead of himself saying "Contract," got the subject to say it himself, and at the end of the experiment it was found that whenever the subject said or even thought "Contract," his pupil contracted, without the flashing of any light. Thus the subject was able to contract his pupil at will, a thing ordinarily impossible, by having built up a conditioned reflex through the motor mechanism of speech.

This is considered by the behaviourists a good illustration of the way in which will can be explained, but it is not adequate, of course, in the opinion of anyone who has made a special study of the will-act.¹ In the case of hypnosis, the hypnotic methods of producing results that ordinarily cannot be produced at will may be regarded as the production of a conditioned reflex. A conditioned reflex may be built up, e.g., with a view to improving the digestion, so that the process of thinking that the digestive functions are working energetically and healthily may, in a sub-verbal way, produce the desired effect. In other words, we can increase the scope of our will over the functions of our body. Ordinarily we say that the will can control the voluntary musculature, but not the involuntary, this being controlled by its own proprioceptive and autonomic processes, but by associating with these processes those which are under the control of the will we may get the others to some degree under the control of the will also, just as the subject in the experiment I

¹ Michotte, Aveling, and others.

have described acquired the power, not ordinarily available, of making the pupil of his eye contract at will.

It is my belief, on the basis of clinical evidence of cases which I have treated for many years, that this method of using suggestion treatment when the patient is lying relaxed and passive is in some cases ¹ a method of building up new conditioned reflexes, the results of which become more and more pronounced. We encourage the patient to think the words to himself, and thus he uses his conditioned reflex to increase the scope of his will-power over his body. Is that fallacious reasoning? The more we meditate upon such an experiment as that regarding pupillary contraction the more impressed we shall be by the extent to which the theory of the conditioned reflex may explain the suggestion process.

It was thought at first that in the state of hypnosis a conditioned reflex could not be built up because of the inhibitory processes in the cerebral cortex of the person hypnotized. But H. D. Scott ² in America arranged an experiment whereby the subject at the sound of a buzzer received a slight electric shock in the finger, which, having been pressed against a plate, moved away from it at the instant of the shock, and the movement was registered on a travelling smoked paper. This was repeated a number of times with the subject in a waking condition, and a conditioned reflex was thus built up so that later when the buzzer sounded, though no electric shock was given, the finger moved away from the plate, and sometimes the subject had a hallucinatory experience of electric shock.

On taking a number of subjects, half of whom were hypnotized and half not, and comparing them, Scott

¹ Not in all. Where one or two suggestions produce results, as in the recall of lost memories, etc., another explanation is obviously required.

² Scott, H. D. (1930), "Hypnosis and the Conditioned Reflex," *J. Gen. Psychol.*, IV, pp. 113-30.

found that the group of hypnotized subjects built up the conditioned reflex more quickly and firmly than the others, so that a conditioned reflex can be built up, and even better built up, in a state of hypnosis.

The advantage of relaxation, I consider, is to prevent the morbid manifestations of hypnosis, the feeling of inability to do this, that, and the other, the tendency to catalepsy, and all those tendencies which are disturbing to the onlooker, if not to the subject. There is a distinct danger in hypnotic experiments in dealing with adolescents, that one or two of them might already have a tendency to schizophrenia, which might become apparent in the course of the experiments or subsequently. Hypnotic experiments, however, will not make a normal person a schizophrenic, nor will they be in themselves injurious to anyone having the tendency to schizophrenia.

If, therefore, we face the questions (1) whether only abnormal people, or a particular type of abnormal people such as psycho-neurotics, are hypnotizable, and (2) whether the hypnotic state is morbid or in itself normal, we have to say (1) that everyone, normal or abnormal, is hypnotizable to a certain extent, different people to different degrees. Those who are easily hypnotized and hypnotized to a pronounced extent reach a state of artificial somnambulism. They have a tendency towards, if not a complete development of, psycho-neurosis of an hysterical nature. (2) The manifestations produced in hypnosis are partly normal and partly abnormal. Those based on the suggestion of an inability to perform acts or on a conflict of the mind within itself or on stress arising between the imagination of the subject and his will are abnormal, and the more often they are repeated the more abnormal the person may become. But with the same general method of hypnosis, if profound relaxation be suggested, followed by suggestions of greater power in

various directions, the result is a movement in the normal direction. I find support for this view in the fact that cases can be cited in which individual powers have been raised above the normal by these means. The state of hypnosis, in itself, is neither morbid nor injurious.

Perhaps I may give two personal illustrations in support of this theory. In one of our big public schools a house-master, now retired, used for years to send his backward boys to me for suggestion treatment. I gave them suggestion treatment in the stage of muscular relaxation, and it so happened—of course, any inference from the results may be vitiated by the fallacy *post hoc, ergo propter hoc*—that all these boys subsequently got through their “ trials ” at the end of term.

The second instance relates to a great composer, now dead, who came to me on four separate occasions, saying that he feared his powers of composition were failing. I submitted him to a certain amount of analysis, or talking out, and then applied suggestion treatment, and with the method of relaxation his powers came back after a short course on each occasion. I am quite prepared to have it said that it was a coincidence, but the composer himself had a feeling that the benefit was directly due to the treatment, even after the first occasion, and quite unmistakably after the fourth. The mechanism was no doubt that of removing inhibitions and mental conflicts. The same method can increase the powers of memory, and increase them permanently, not just for the moment. The patient can acquire a stronger memory altogether, the reason being that the methods of relaxation and suggestion—the two processes together—remove inhibitions and doubts and the fear of not being able to remember, and also reinforce the power of imagination of success, which is so extraordinarily important. Anyone of strong will who can imagine success and hold that imagination firmly

before him is exercising an essential process of will, a process of auto-suggestion, which I look upon as a training of the will, working through the normal to the super-normal.

Again, as I have suggested, the method may confer increased vigour in regions which are not ordinarily under the control of the will, such as the digestive and excretory processes. It may assist ordinary medical treatment and presently render it superfluous in certain cases. In a case of constipation, for example, suggestion treatment might be combined at first with the giving of the appropriate medicine, and then, while the suggestion was continued, the medicine given might be daily diminished in quantity or strength until coloured water was substituted, or nothing at all was given. A very good way to restore normal function is to start with a certain amount of help from outside in the form of recognized drugs, and at the same time to imagine the peristaltic movements of the intestine becoming more and more vigorous, and presently, when the medicine has been given up, the suggestion can continue its work in effecting the full restoration of normal function. One should try to imagine as vividly as possible the peristaltic movement taking place and think to oneself, "I have control not only of my voluntary muscles but also of those of my stomach and intestines," and although that method alone, without external help, may not avail, yet, the external help having been afforded—as a preliminary and necessary "unconditioned stimulus"—the suggestion may become completely effective, in the form of a new conditioned reflex or set of reflexes.

It is a general experience that the less fatigued a person, the more easy it is to produce in him the hypnotic state, because such a person is better able to concentrate. As we well know, in ordinary sleep the mentally very

fatigued person does not sleep as easily as one whose fatigue is only moderate. Alcohol does not seem to increase hypnotizability to any extent (although alcoholism does), but experimental evidence has shown that scopolamine¹ is capable of so doing. Idiopathic epilepsy is not therapeutically responsive to hypnotic procedure, nor is *petit mal*. Any apparent response is in the direction merely of postponing the attack, but when the attack comes it is all the worse. On the other hand, so-called hysterical epilepsy is one of the most readily hypnotizable types of illness.

VI. HYPNOSIS, ANALYSIS, AND TRANSFERENCE

Here is not the place to deal with the analytical aspect of the matter, with the question of transference in the Freudian sense. Nothing that I have said is in conflict with whatever views may be held in respect of transference. Obviously all good practice involves a certain amount of analysis, the more analysis the better so far as it is possible in the circumstances, but in many cases the symptoms have to be relieved quickly, the patient has to be helped in the very early stages of the treatment, and suggestion treatment is justified, even though one may proceed to analysis afterwards, although I admit that the better order is analysis first and then suggestion. Many analysts, indeed, would say that there should be no suggestion at all, that suggestion is an element of weakness, apparently basing their opinion on psycho-analytical theory, rather than on direct personal experience. Nevertheless, I have found that suggestion following analysis is sometimes a useful procedure.

The personal relationship between the patient and the

¹ A combination of morphine sulphate (gr. $\frac{1}{4}$) and hyoscine hydrobromide (gr. $\frac{1}{160}$), administered hypodermically.

psychotherapist (analyst or hypnotist) is itself a psychological problem still awaiting a completely satisfying solution, in spite of the attempts of Freud, McDougall, and others to provide a scientific explanation of it.¹

VII. THE PSYCHOLOGY OF LEADERSHIP

From what has been said above, it will be clear that we must distinguish between pathological hypnotism (cf. black magic), involving the arousal of fear and suggestions of inability, and therapeutic hypnotism (white magic), where suggestions of enhanced power and self-confidence are given. A patient in front of a therapeutic hypnotist is not a "frightened rabbit." Rather is it a case of the identification of the patient with the hypnotist, whereby the latter is enabled to use his personal influence to inspire confidence and faith on the part of the patient and to give the assertion of health. This has relevance in the wider field of leadership in political affairs. The relation of follower to leader is not necessarily one of mere submissiveness, rather is it one of identification of the follower with the leader. Whatever opinions may be held with regard to the political aims and activities of the Fascist countries,² there can be no doubt that some of the methods adopted in Italy and Germany for attaining efficiency as a nation under individual leadership find a certain support in psychology, although not necessarily in ethics. It is a mistake to suppose that the majority of the "followers" in those countries are slaves, copying their leader from motives of fear or in cringing submission. Rather do their own self-assertive and aggressive tendencies become

¹ Brown, William (1933), "The Psychology of Personal Influence," *The Lancet*, CCXXV, p. 1191.

² As a philosopher I find myself strongly critical, from the ethical and political points of view, of some of the principles and methods of the Fascist countries. But if democracy is to survive, greater discipline and solidarity will be needed in the future among the Western Powers.

liberated in the process, and their heightened enthusiasm and confidence in their leader and in his resources make what might have been a timid panic-stricken crowd into a powerful army, nation, or race. In this respect, although in this respect only, Herr Adolf Hitler is the greatest psychotherapist of a nation,¹ giving Germany national unity, national health, and corporate courage, and he will go down in history as such.

Therapeutic hypnotism, scientifically and skilfully applied, may do the same for the individual. Instead of bringing about self-abasement and psychological automatism, it elicits new powers and makes greater achievement possible by its integrative effect upon the personality.

¹ Whether he will prove to be a national psychotherapist in the wider and more complete sense, and help to produce peace among the nations and a higher international morality, is a question still awaiting an answer from the march of events. Dictatorship is, politically, a regression, and although sometimes temporarily justified in the face of overwhelming national difficulties, it is never ultimately a satisfactory form of government. One cannot but strongly disapprove of the methods of terrorism and persecution which it uses towards its minorities.

The National Socialists in Germany speak of the "leader" and the "leadership principle," and refuse to admit that their form of government is a dictatorship.

I myself have read through Hitler's *Mein Kampf* twice, in the German, and regard it as a most interesting and important psychological document, both personal and political. I have also listened to many of his speeches on the wireless, with a psychological interest. The whole question of the leadership principle (*das Führerprinzip*) is an important subject for psychological study.

CHAPTER XII

PSYCHOLOGICAL FACTORS IN THE DEVELOPMENT OF CHARACTER¹

IN dealing with the problem of character from the psychological point of view, I should, at the outset, make it clear that there are other points of view in character-building besides the psychological. To my present audience it is not necessary to emphasize this, but the rapidity of the advance that psychology has made at the present day carries with it some danger lest we fail to see the wood for the trees. The very name "psychology," meaning the science of the mind, or of the soul, may easily lead to misunderstanding. We must be on our guard against what William James called "psychologism," the attempt to explain the mind completely in terms of mental processes in time. It would not have been necessary to have uttered this warning ten or twenty years ago, but it is necessary now because so many people with little or no training in philosophy are tumbling over one another in their anxiety to proclaim themselves psychologists and adherents of one or other school of psychological thought.

The word "character" calls to mind other things besides psychology: questions of ethics, or moral philosophy, of logic, and of æsthetics. Psychology I would define as the science of the mental process. But mental process has that very peculiar nature of transcending itself, of pointing, and passing, beyond itself; although it belongs to the individual mind, it is always moving, as

¹ An address given at the Conference of New Ideals in Education, at Lady Margaret Hall, Oxford, on Monday, April 18th, 1938.

the individual himself is moving, towards the universal. I like to draw a distinction between the individual and the personality. The individual is the sum total of the individual processes connected with a single body and correlated with the working of a single brain, but the personality is a unity that transcends this, passes beyond it, and it is through personality as distinct from mere individual processes attached to individual organisms that we become aware of the outside world in terms of general concepts. We become aware, for example, of truth, and build up our knowledge in relation to the ideal of truth. We also become aware of beauty, of the distinction between beauty and ugliness, of the relationship between our individual affective experiences and our ideal of beauty in the various domains of sound or vision or whatever it may be. Furthermore we become aware of the good and of the relationship of our own individual experiences, our impulses, desires, and wishes, to it—our purposeful strivings towards that general ideal.

These well-known and constantly-reasserted ideals of the true, the beautiful, and the good are realities greater than the reality of the individual mind, and the individual mind is always acting with reference to these fundamental ideals even if the individual is not explicitly aware of them. They are implicit in the beginning of conscious experience, and become more and more explicit as the individual tries to think out things for himself. But the individual is always moving beyond himself, striving towards the development of a personality which transcends himself. So far as he is a person he is more than an individual, he is in relation with other persons and ultimately in relation with an all-inclusive super-personality, the super-personality of God, in whom we live and move and have our being.

From the scientific point of view the distinction

between psychology and the sciences of logic, æsthetics, and ethics is the distinction between the temporal and the eternal. Psychology has to do with events in time occurring in the individual. These other sciences have to do with existence, not out of time, but beyond time, with the super-temporal, that is, with the eternal. In that sense logic is eternally valid. What is true is always true; what is good is eternally good; "a thing of beauty is a joy for ever."

The child, in the development of its character, is itself heading towards a fuller and fuller realization of these eternal values. It is born, not only into a physical and physiological world of its own, relatively separate from its neighbours, but also into a spiritual world which is already a unity, a unity becoming gradually more and more differentiated and reintegrated with higher degrees of value. That is true, at any rate, of the conscious individual. Whether the value of the entire universe can increase is another problem that need not occupy us at the moment.

The starting-point, then, from which I set out is a metaphysical one. I believe in metaphysics, which is more fundamental than any other discipline. We should all have a system of metaphysics. Indeed, we all do have such a system. Even those who deny that there is such a science as metaphysics proclaim in their very denial a metaphysical position.

So we come back to the question of psychology. Character—the *χαρακτήρ* of the Greek—means a mark, a distinguishing sign. We may consider that people have character in so far as they have individuality. When we say of a person that he has individuality we suggest the possession of a certain amount of originality and a determination to go his own way. We are using a suitable term when we say that such an individual has personality.

He is one who is original and courageous enough to take his own line in life, but also, what needs greater courage, to work and fight for something greater than himself. It is for something greater than himself that the individual, in so far as he has a personality, stands. Personality is something which is continually in process of development. It is never complete, never a finished product, it is always passing on towards matters of greater and greater scope, and as personality develops in the individual it brings with it, both an increasingly greater distinction between the individual and his companions, and a greater unification of his personality with the actual or potential personalities of others.¹

The development of character and the integration of the mental processes in the individual begin, of course, with life itself. The general skeleton or framework is laid down partly before birth and partly in very early years. We are discovering this for ourselves, not only by direct observation of children in the light of what we have already learned in psychology, but also by direct observation of adults through the method of what I like to call (in order to avoid reference to any particular school) deep mental analysis. We are finding, in the case of the development of the personality, that a review of a person's life, working back over the past in greater and greater detail, and using special methods whereby early memories can be revived and barriers that have sprung up between the earlier and later years of life broken through, gives us a clearer insight into the influence of early childhood upon present outlook and fundamental tendencies. We have now a whole army of workers building up piecemeal a picture of the child's personality.

¹ As used in popular speech—when, e.g., an actor or an orator is said to have personality—the term seems to connote the power of the individual to stimulate and to activate the imagination of others.

We find that the fundamental bases of character are laid down in the first five or six years. The years 5 to 7 are critical years, marking a turning-point in the child's life. There are individual differences, of course; nothing is cut and dried and definite for all children. In some cases that critical time may occur later and in some cases earlier, but whereas for many years now we have all agreed to speak about the adolescent period as an important turning-point in the development of character, we now know that there is an earlier turning-point also. This is the time when what Freud calls the Œdipus complex springs up—I am trying to avoid the terminology of any special school, for if I began to speak about the Freudian or other systems in any detail I should be side-tracked. But we can say this, that the little child's reactions to its social and personal environment,—its father, mother, nurse, brothers and sisters,—are of the utmost importance in the building up of its character.

The child tends to react in two fundamental ways towards its personal environment: in the direction of dependence, and in the direction of what has been called, technically, identification. The little boy, for example, reacts to his mother according to the dependence¹ type (*Anlehnungstypus*) of love, and to his father according to the identification type. In general, without accepting any special view, we can say that the child tends to turn to one of its parents, sometimes seeking love from that parent exclusively, and to resent anyone else sharing that love. Thus the child may fall in love with its mother and feel hostility towards its father, but, identifying itself

¹ This term has a special technical sense in Freud's writings. It is so chosen because "in the first phase of their development the sexual instincts have no independent means of finding satisfaction; they do so by propping themselves upon or 'leaning up against' (*Anlehnung*) the self-preservative instincts." S. Freud: *Group Psychology and the Analysis of the Ego*, Eng. Trans., p. 61, London, 1922.

with its father, it represses that hostility, and in place of it begins to have feelings of respect and affection for its father. In that process of identification with the father we have the beginnings of what Freud has called the "super-ego,"¹ which he considers of fundamental importance in character-building.

Normally the child does not continue with the Œdipus complex, but passes beyond it. The Freudian view is not that we all have such a complex, but that we all pass through some such stage and afterwards, in the majority of cases, adapt ourselves to the normal relationship. If that stage is not adequately passed through we have the beginnings of a neurosis. Freud regards the Œdipus complex as the nucleus of such neurosis, meaning that if it does not pass away it remains a point of weakness in the character, showing itself later on by a division in the mind, one part of which is in a state of repression, held back by forbidding forces.

But it is my task here to deal with the normal, not the pathological. The super-ego is a normal product. It marks the beginning of the valuing aspect of the mind, that part of the mind which places a value upon events and actions. The child receives its direction of values from those around it, and this seems to me of fundamental importance in all education. The young child draws very clear-cut distinctions between one person and another. It finds some people fascinating, attractive,

¹ "The broad general outcome of the sexual phase governed by the Œdipus complex may, therefore, be taken to be the forming of a precipitate in the ego, consisting of these two identifications [father-identification and mother-identification] in some way combined together. This modification of the ego retains its special position: it stands in contrast to the other constituents of the ego in the form of an ego-ideal or super-ego. The super-ego is, however, not merely a deposit left by the earliest object-choices of the id [the libido]; it also represents an energetic reaction-formation against those choices." S. Freud: *The Ego and the Id*, p. 44, Hogarth Press, 1929.

stimulating, and most people dull and depressing. The little child is drawn out by its stimulated admiration.

Admiration is a fundamental tendency in the child. Freud's term "identification" is not a very happy one (although it seems to be indispensable), because it describes something psychological in terms of a result, and only a partial result at that. The child does not know that he is "identified" with his father; he admires his father, and so rejects his own feeling of hostility towards him. Identification is something we introduce into the picture from outside.

Here, then, we have the essence of education in early life. The little child admires certain people, his father or his mother, or both, and the admiration carries with it a tendency to imitate, to go along with, the other. I use that phrase "go along with" because those of you who know Adam Smith's book, *Theory of Moral Sentiments*, will remember that he describes conscience in that way. He speaks about the "demi-god within the breast" as the standard of valuation. So the little child is carried along and drawn out by people in its environment. It seems to me that this is the beginning of character in the sense of the beginning of valuation. We can gratefully accept the term "super-ego," which has come to stay; we shall not get rid of it in a hurry.

The general conception is that the mind in early childhood is, as it were, separated into three parts—the "ego," the "super-ego," and the "id." I am quoting the Freudian scheme of classification, but I want to make it as general as possible. The "id" is the impersonal instinctive part of the child's mind, that which is the same in all children, indeed in the whole race of *homo sapiens*. In Freud's system, the "id" is the *libido* or sexual energy, but quite apart from any Freudian colouring we may accept the term "id" as expressing not only the sexual

tendencies, but also the tendencies towards self-preservation, general assertiveness, gregariousness, and indeed all the fundamental instinctive tendencies. The "ego" is the conscious mind so far as it has been organized in an individual way, and the "super-ego" is a part of the "ego" which splits off and develops in those early years in relation to other persons of the environment. Thus we have the dependence type of love (dependence in the special Freudian sense already mentioned) and the identification type of love, but I would prefer, instead of "identification," to use the word "admiration," because it is less mechanical, and suggests something conscious and continuous, which is still developing in the individual's mind. The character, which is more than an organization of mental powers, involves essentially the valuing tendency. The valuing tendency is to some extent inherited, but it is called into activity and directed in its activity by the social environment, by those whom the child can admire and to whom he can feel attracted.

If that is so, we shall not be surprised to find, as we do find, that the use of the motive of fear and the calling out of fear in early childhood is always bad. I will not qualify that in any sense whatever. I am convinced, after years of analytical work, and also after bringing up a family of my own, that fear is something to be avoided from birth onwards. You may ask whether fear is not the subjective aspect of the danger instinct, and therefore important. That is a fallacy. It is one of the few points on which I disagree with my teacher, Professor William McDougall. In his *Introduction to Social Psychology* (which I had the privilege of reviewing for *Nature* when it came out in 1908), McDougall produced a system of character-formation in relation to the instincts and emotions. He drew up a list of primary instincts and their corresponding emotions—the instinct of escape from

danger, coupled with the emotion of fear ; the instinct of pugnacity, with the emotion of anger ; the gregarious instinct, with the emotion of loneliness, and so on. Emotion and instinct are, in his view, subjective and objective aspects of the same activity. But this can hardly be true. If the instinct of danger has as its subjective aspect the emotion of fear, the instinct of danger being of fundamental importance throughout life, we shall never get rid of fear. I have often had this theory brought to my notice by the more educated type of patient who has already learned his psychology from McDougall. This patient says, " Oh, but my fear cannot be swept aside because it means that there is some danger." As if fear were an essential component of the danger instinct ! But that is not the case. We use the danger instinct continually in our lives. When we cross the road the danger instinct is actively at work to enable us to avoid cars and buses ; but we do not feel fear, or if we do, we are more likely to meet with an accident. We have to learn—and in fact we do learn early—to separate fear from the danger instinct.

The danger instinct has gradually developed. We may think of it in terms of a conditioned reflex, according to Pavlov's system. Momentary fear is simply a danger signal. It is the red light indicating to us that there is danger. If the fear persists it is merely friction in the mental machine. The animal running from danger is said to be fleeing in fear, but the flight is really according to plan, and if the animal felt fear, apart from the initial stimulus, it would be impeded, its energies more or less paralysed. Continued fear is over-action on the psychological side and quite unnecessary. Danger, of course, has to be recognized, and we very quickly learn to use our intellect to enable us to understand where danger lies and to adapt ourselves fearlessly to the conditions of escape.

One of the most fundamental questions we can put to a patient in an anxiety state is, "What are you running away from?" As a rule the patient cannot tell. It may need hours of analysis to elicit what it really is from which he is running away. Let me distinguish between fear and anxiety: fear is a feeling towards a known danger, anxiety a feeling towards an unknown danger. The first thing to do with such a patient is to change his anxiety into fear by helping him to discover what exactly it is from which he wants to escape. It may turn out that it is a fundamental decision he is required to make. But get him to face it, whatever it is, and talk it out, and presently his fear will go the way of his anxiety. To get rid of the fear is a necessary condition for meeting the danger.

We can resolve never to feel fear. If that determination is made and persisted in, it is a real help in the process of avoiding danger. Conversely, if fear be emphasized, it is likely to precipitate the thing feared. Fear has a paralysing effect, it has no inspiring, no creative value. Nor has jealousy, nor any other mental attitude that derives from fear. The troubles of the world around us are mostly due to fear. Greed and selfishness play their part, but these things are magnified because of the prevailing fear of insecurity. Moreover, fear originating from a single cause spreads into a more general apprehensiveness, so that the individual may develop a timid streak in his character. This is important from the point of view of punishment. When punishment of children is necessary—and I am quite certain that children can be brought up with hardly any punishment—it should be of a kind which does not arouse fear. Often the temporary forfeiture of the esteem of the teacher is punishment enough.

Again, as to the emotion of anger being the subjective side of the instinct of pugnacity, the truth is that while the emotion of anger comes out primitively perhaps in rela-

tion to pugnacity, the important thing is to avoid the emotion while preserving the instinct. Anger is "a brief madness," blind and helpless, but pugnacity is of great importance to the character, and ought to be kept at full power so long as it works in the right direction. We sometimes speak of "righteous indignation," but in truth indignation is seldom righteous. It is more often "self-righteous." So, too, with the gregarious instinct. It is not true that the emotion of loneliness corresponds to this instinct. The emotion of loneliness arises only when the gregarious instinct is checked and disturbed. It is the same throughout McDougall's list. Even if it were true that the instinct and the emotion were the objective and subjective sides of the same thing the knowledge would not help us much on the practical side; but in fact by analytical methods we are disproving that they are the same. We are working off emotion of all kinds in the analytic treatment of our patients, but we are thereby freeing the instincts, not getting rid of them. So far as the instincts are not checked they carry with them eager vitality, *joie de vivre*. Friction should be diminished as far as possible, through an adequate organization of the mind, and through removal of repressions so that the instinctive processes can move towards higher and higher states of sublimation.

What do these terms mean? Repression is not the same as self-control. It is a check to the instinctive energy through mechanical coercion or through a crude unintelligent mental conflict. Sublimation can occur, as a rule, only if that repression has been relieved, so that the energy once more can reach the surface. I gratefully accept McDougall's definition of sublimation as the direction of instinctive energy towards higher social and cultural ends.

In order to attain adequate sublimation and overcome the tendency to repression, a great deal of analysis may

be necessary. Earlier memories come up, earlier mental conflicts have to be solved. The lesson, so far as education is concerned, is to avoid repression in early years as far as possible. It cannot, of course, be completely avoided. It is to some extent a natural process. But we can in education do much to avoid the negative—the saying of “No” and “Don’t”—and, instead, encourage even in the little child a positive outlook with consideration for others, involving control over himself. Unfortunately many parents, and even some teachers, have misunderstood recent psychological doctrines and have gone too far in the other direction, with the result that their children are simply a nuisance in their self-assertiveness. It is consideration for others that can be and should be encouraged from the earliest years. Self-control, self-understanding, self-knowledge—these are the things to aim at.

One of the difficulties in dealing with young children is that they sometimes tend to conceal their deeper feelings, in spite of their appearance of spontaneity. But if one is in close touch with a child and gains his confidence, sooner or later he will unburden himself. One way in which children, like adults, can be helped is a way I have mentioned so often in public that I hesitate to refer to it again. It is the method of relaxation and auto-suggestion (the latter perhaps an unfortunate word). Muscular relaxation is a fundamental method which I should like to see used in all schools. I would have a quiet room in every school, equipped with comfortable couches, and I would keep in touch with the children with a view to noticing any who appeared strained, with drawn face and anxious expression. I would encourage these children quietly to talk out their difficulties and afterwards teach them to relax. Progressive relaxation begins with the voluntary muscles, especially the muscles of the head

and neck, but it extends to the involuntary muscles, to the sympathetic nervous system, and to the mind. Has anyone failed to notice how instinctive it is in animals? I do not say that the normal child, so long as he remains normal, needs relaxation exercises. But we all live in abnormal circumstances. We cannot go back to nature, and we are not yet fully adapted to our "civilized" environment. Therefore as soon as we are caught up in the machinery of civilization a certain amount of deliberate relaxation is necessary.

To return to the question of the organization of the emotions. In 1896 Alexander Shand published an article in *Mind* which was of historical importance; it was on the sentiments. The importance of this new conception of the sentiments can hardly be overestimated. Professor McDougall has since developed it in his own writings with great skill. He defines a sentiment as the organization of instinctive and emotional dispositions centred about the idea of some object. A good example of a sentiment, as distinct from an emotion, is friendship. In our reactions to a friend we feel joy in his presence, sorrow in his absence, gratitude towards those who help him, anger towards those who hurt him. Enmity, again, is a sentiment, but of the opposite kind, involving the same emotions in converse circumstances. If we have an enemy we feel uncomfortable in his presence, happy in his absence, we are indignant with those who do him a favour, pleased with those who thwart him. The sentiments include all forms of likes and dislikes. Concrete sentiments—that is, likes and dislikes—have concrete objects; abstract sentiments, abstract objects, such as justice or truth. McDougall has worked it out in detail and to very great effect, in his *Introduction to Social Psychology*, to show the way in which character is formed.

Character on the emotional side can be regarded as the

process of building up the right sentiments, the capacity for right feelings of liking and disliking. This whole conception of sentiments lends itself to the process of organization. In an organization of sentiments we can include the smaller and narrower and more concrete ones under the all-inclusive sentiment which in McDougall's system is the sentiment of self-respect, or the self-regarding sentiment, the love of self in the most general sense. All the other sentiments may be organized within this all-inclusive master sentiment.

But here again I find that I cannot completely follow him. In place of the self-regarding sentiment as the main one, I would put the love of goodness in its widest sense, or, rather, the love of the eternal values, love of the good, the beautiful, and the true, not as a co-ordinated trinity, but as a threefold aspect of the one Reality. My own philosophical conception of God is that He is the concretion of these eternal values. These are three aspects of God's nature, and it is the love of God that can be the master sentiment within which all our subordinate affections, our likes and dislikes (the dislikes, of course, are negative and the likes are positive) can be organized.

The best example, in biography, of the master sentiment is perhaps afforded by Spinoza, who started out on his philosophical pilgrimage seeking that love which would completely fill the mind, and he found it in the *amor intellectualis Dei*. He was truly a "God-intoxicated man," although called at the time an atheist. He had the master sentiment, intellectual, yet with an unmistakably emotional side, giving him strength of character.

If we accept this general scheme of the development of the sentiments we can see how important it is in the child's life that he should be encouraged to admire and

like the right things and get the right point of view. That can only be an individual matter, a matter of skill on the part of the educator, a matter of art rather than of science, though what science can do is to speak out strongly on the negative side, saying what things are harmful in the development of the child. This is where we find our psycho-pathological work useful. I look upon such work as definite research in psychology. When we analyse a psycho-neurotic patient we are not concerned as physicians primarily in understanding the nature of the pathological condition—although of course we must acquire this knowledge also—but in getting the patient well, which means that we ourselves as we listen to the patient must have an ideal of mental health and encourage our patients gradually to make their way towards that ideal. Therefore this method of treating patients suffering from mental illness is a psychological process, in other words, a normal, not a pathological, process. We are thinking of the normal all the time. We think of every remark of the patient in relation to what should be, and is, the normal to which we are hoping he will gradually move. Actual analysis does work in that direction. We who do the practical work of analysis do not like to talk of analysis and synthesis as two distinct processes. The very term “psycho-synthesis” is a doubtful one. Analysis as we carry it out is not analogous to taking a machine to pieces and then putting it together again.

In analysis we encourage the patient to talk out his life, to recall his past, and to consider himself from every point of view, but in that process a synthesis is proceeding. It is an automatic process—involving *vis medicatrix naturæ* in the mental sphere. Just as the physical wound heals of itself, if sepsis is avoided, so on the mental side healing processes are at work. As the individual talks out

his past, and sees his early difficulties from his more mature point of view, his mind becomes more straightened out. Previously he had been driven off his life line by these past difficulties ; as he talks them out he gets back to his true life line. The healing process, therefore, is going on all the time. It is a process of release from bondage, a process of unification. The individual is released from repressions, his instinctive energy is made available for passing on to higher levels of sublimation, and he becomes more and more normal. All this work is really psychological work ; it has its psycho-pathological interest, of course, but so far as we are psychotherapists trying to cure our patients we are practical psychologists.

It may be found that the lessons to be learned from all this for education are lessons on the negative side, lessons as to what should be avoided rather than as to what should be done. The outstanding analysts are not too ready to give positive advice. They may say that the science is not far enough developed for that, but I think the more correct reason is that analytical work is rather in the direction of doing away with difficulties, smoothing out the effects of a bad education or a bad environment, than of a definite statement as to what the education or the environment should be. I can therefore say with the greatest emphasis that fear must be avoided, and also the arousal of jealousy. Self-control must be encouraged, together with the seeking of the good, but what exactly that seeking of the good should be, what form it should take, that is for education—the philosophy of education—to say, not for psychology as such. Indeed, if we went farther and magnified our office as psychologists and laid down laws from the purely psychological point of view, we should be just as likely to be wrong as right.

Actually, as I see it, we have an object-lesson in the over-application of psychological methods in this terrible

wave of propaganda in every country in various directions. Certain people are beginning to find that they can employ psychology practically for advertising of all kinds. This propagandist movement, using psychology, runs now on political and other lines in such a way as we educationists cannot help deploring. It is used to emphasize one particular system of thought to the discredit of other systems. We deplore it because if there is any word that seems to education more vital than another it is "liberty." To give the individual liberty, with self-control and self-knowledge, is our aim. In its place propagandist psychology comes along and forces new systems of ready-made thinking upon us. The propagandist tendency of certain schools of thought is one which we, as sturdy individualists, should resist to the utmost in the interests of the individual.

If we pass from the individual to the group, we find here again group mentality being increasingly encouraged for obvious reasons. Much of the trouble of the present day is due to group mentality and to the deliberate employment of psychological methods by certain minorities in order to exploit it. Nevertheless, we come back to the fact that all consciousness is individual consciousness. There is no such thing as group consciousness; that is only the individual consciousness modified by the system of which the individual finds himself a member. Consciousness is individual, responsibility is individual, and the State is for the individual, not the individual for the State.

We must have courage to fight for that. It is my conviction that we have to fight and fight hard, and to show courage and readiness for self-sacrifice if the banner of freedom, which our ancestors died to preserve, is still to be held aloft. It is true that the psychologist may be regarded as someone who ought not to be influenced by emotion at all; while understanding the emotions, he

ought not to allow them to govern him, and I have myself just now expressed a doubt with regard to "righteous indignation." But we do know certain things—that two and two make four, that the sum of the three angles of a triangle is two right angles; and with equal conviction we are sure of certain moral and spiritual verities, the need for the freedom of the individual for self-development in so far as this does not interfere with the development of others, the avoidance of fear in any form, the acceptance of discipline so far as it moves towards the ideal of self-discipline, the supremacy of love—these are fundamental things for which we do well to make a stand.

CHAPTER XIII

THE PROBLEM OF THE ADOLESCENT¹

ADOLESCENCE is the process of coming to maturity. It compasses a period of years. In the young person's life it corresponds roughly to the passage from the preparatory to the public school, the public school period, and the first year or two at the university. It is a process which takes time ; it cannot be marked out by a momentary physical event ; it should be studied rather as a psychological problem.

A psychologist of the older generation, Stanley Hall, in a book published before the War, gave a description of the facts of adolescence, physical and mental, which is still of great value. But all such descriptions have been amplified in later times—indeed, changed out of all recognition—by the work of Freud, his followers and critics, by psycho-analysts on the one hand, and educationists who have given special study to adolescence on the other.

ADOLESCENCE A NORMAL PROCESS

In regard to this subject I should like to follow the general plan which has been taken in discussing health, to deal first with prevention, and secondly with treatment—in this case psychotherapy—which latter has its application to adolescence although it does not come first. Adolescence is a normal process, and those who deal with it should endeavour to keep it as normal as possible.

¹ The substance of a lecture in a series on "Mental Hygiene as a Problem of National Fitness," delivered to the National Council for Mental Hygiene on November 18th, 1937.

The majority of people, given relatively normal surroundings, are relatively normal. We must not start out with the idea that abnormality (except in its milder forms, such as a tendency to hysteria,—see p. 86) is a common characteristic. At the same time, the normal as well as the abnormal need help in adaptation to changing conditions in their own physical and mental constitution and environment. Every child coming to adolescence meets with difficulty and needs special care and consideration. He needs instruction of various kinds in the difficult stages of this period.

It is important in the first place to explain to the adolescent the physical changes which take place. The boy and girl must be spared the shock of discovering things for themselves and being frightened at the discovery, growing in consequence furtive and secretive. In adolescence the child reveals to himself and to his parents a new side of his nature, often a disturbing one both to him and to them. In the later stages of adolescence there may be a strong desire to break away from the family. The child must not be regarded as ungrateful and perverse because of this. It is indeed desirable that he should want to build up a career for himself, and look forward to his independent future. The important thing is to see that the break is not too sudden—that there is not a real breach of continuity. On the other hand, if the child is held back too much he breaks away wildly, and causes difficulty for himself if not for his parents. It is normal for the child to wish to build up a life of his own; a home of his own comes later.

The pre-adolescent stage is commonly thought of as from eight to twelve; but there is an earlier stage which is important for the subsequent fate of the child, namely, from two to five or six, although the difficulties that arise then may not show themselves during the sexual latency

period, but may break out later. It is at this time that there may occur an undue fixation upon one or other parent or member of the family. There may be affection for the mother and veiled hostility to the father—a phenomenon of great importance in the subsequent process of adolescence.

I do not wish to stress unduly the sexual side. Adolescence, though it corresponds to sex maturing, is wider than sex and has also non-sexual problems. The physical changes of adolescence relate to other parts of the body as well as to the sexual glands. In the realm of character a spirit of self-assertion, not apparent earlier, may arise—a thing to be encouraged so long as it is not anti-social. The energy signified by self-assertion is of the utmost importance, but it must be directed into the right channels. The child should be given outlets for self-assertion in his work and in preparation for his career. The idea that he is selfish because of his self-assertion should not be thrust upon him, otherwise he may develop a false conscience, and in the absence of adequate outlet for his self-assertion become depressed.

Depression in adolescence is of great significance. All the great dominating figures of the world seem to have passed through such a phase. Napoleon at that age contemplated suicide. Depression is sometimes due to the turning-in of self-assertion; it is the beginning of an introversion, which is always evil. Adults should be on the look-out for this dangerous introversion in the adolescents in their care, and prevent it as quickly and methodically as possible. On the first sign of introversion the child should be encouraged to talk things out. He may thus reveal in what way he is being thwarted in his hopes for a career or in other matters. The beginnings of introversion may occur in early childhood. Depression does not usually set in until adolescence, but self-assertion is

very common in the small child. Over-docility in the child should be combated by change of environment. The ideal is spontaneity and courage without repression. Some people do not understand what repression means, and imagine that modern psychology encourages licence. What modern psychology does is to emphasize the importance of self-control. Freud in his writings has never made the mistake of encouraging licence; the tenor of his teaching is just the opposite. But the life which is held back by automatic and mechanical repressions—by the checking of vital urges—cannot be normal.

Repression begins in childhood. If it did not begin in childhood there would be no repression later on, only suppression. Repression brings about a condition analogous to that which in the economic world is spoken of as frozen assets, unrealizable investments, uncirculated money. It holds back the main stream of vital energy. In adolescence there may seem to be a new person, but in reality it is a person in direct line of descent from the young child. Adolescence has its roots in infancy, and if the process of development during the first five or six years of childhood is hampered or checked, then adolescence will be stormy and difficult.

PHYSICAL STRAIN DURING ADOLESCENCE

The processes and reactions of adolescence put a special strain upon the body. With the accelerated development of the endocrine glands there is greater proneness to various physical troubles. The effect of septic teeth at such a time will be specially serious, probably disturbing through septic absorption the endocrine glands as well as other parts of the body. Enlarged tonsils and adenoids need attention. Defects of vision occurring at this time and going uncorrected may have serious reactions later on. Care of the child's physical health is of the utmost importance in help-

ing him through adolescence. His reactions to all the difficulties which arise at this time will be much more serious than in the earlier years, say eight to twelve. This is not a matter for the rigid application of rules, but for sympathy and insight, for an understanding of the child's mind as well as of his body. The parents must keep in touch with the child without impressing upon him too much their own likes and dislikes. They must anticipate his difficulties and arm him in advance. They must be ready in the background as a support to which he can return. The child should always have complete trust in his parents in that sense, regarding them as the base of operations in his "war," where he can rest and afterwards return to the fight. Too often the parents want to do the fighting themselves and to live the child's life for him.

A point to remember is that most adolescents are potential hypochondriacs. We can most of us, in looking back upon our own past, find evidence of that. They imagine themselves to be suffering from this or that malady, read up their case, and often endure in silence. If matters of health are too much discussed in the family this hypochondria may be intensified. The young growing person should have his mind as full of outside interests as possible, although the interests should not be forced upon him by too much persuasion; he should be encouraged to find them for himself. The adolescents in most need of help are those having peculiar interests different from their fellows. In every public school there are youths who are misunderstood because they are different. At school there is a tendency for regimentation, and the "odd man out" is suspect. The great need is for a vigilant sympathy. After all, the adolescents are the next generation, they are our "immortal part" so far as this world is concerned, and no effort should be too great, not indeed to ensure that they are replicas of ourselves,

but that the development of their separate personalities, physical, mental, and spiritual, is unhindered. It becomes our religious and ethical duty to see that everything is done during adolescence to ensure that they pass into adult life properly equipped for its difficulties. In choosing their professions they should be given alternatives, although the objection may be made that if they are given too many they will be disturbed and uncertain. But their education should be so arranged that they can fall back on another if their first choice proves unsuitable. The idea of college is to cover the last stage of adolescence and to enable the final choice to be made as late as possible. A wrong choice may have dire results for the physical as well as for the mental side of the individual. I am now treating a man of fifty who has hypochondriacal hysteria, a man of great ability in his school life, who should have been allowed to go on to the University, but whose spirit was crushed by having forced upon him a wrong type of profession—employment in a bank.

Often, of course, the adolescent will want to take up a career for which he is not suited. He may take up a subject because of family opposition. The important thing is to encourage him along the lines of his real ability. The same thing applies in the matter of courtship. The lad or girl must be helped by older people in this fundamental choice; but to help and encourage without undue interference and insistence, that is the problem!

PSYCHOTHERAPY

Where help is needed, much can be done on the psychotherapeutic side. Mental disturbances often take place during adolescence. Desires are aroused which cannot be satisfied. Bad habits (e.g. masturbation) tend to form. These habits are wrong—medically wrong—and must be checked, and the adolescent should be shown

how he can check them. That is where analysis is of value. It takes the individual out of himself, diminishes the power of erotic phantasies, puts into his hand a weapon wherewith to fight temptation. Much can be done by self-suggestion. He should be taught to lie back with muscles relaxed, breathe slowly and regularly, become as completely relaxed in mind and body as possible, and say to himself, "This temptation is getting less and less. I shall always turn away from it. I shall brush it aside. It is no part of me. I shall never succumb again." If that is said with complete conviction the thing happens. One such treatment may be enough. If not, it should be repeated every night for a week or more.

It is important that there should be outlets for sexual energy. Sublimation is the direction of the sexual energies along higher paths, being different from substitution. Games and such things are substitutions and may help, but not always. By sublimation is meant the direction of the thoughts and feelings of the adolescent towards the later stages of sexual development, towards marriage as an ideal, the handing on of the torch of life, and all the privileges that that confers, and the need for conserving his energies, keeping them sacred, in a way, for that distant end, not short-circuiting them by precipitate and futile and wholly bad indulgence. This can be done without arousing the sense of fear; fear, being a danger-signal, cannot be completely avoided, but it is the lowest and least positive of reasons for refraining from evil. Mere "goody-goody" talk and religiosity should be avoided, although this is a matter for religion in its ultimate sense.

A tendency to criminal behaviour may show itself, through repressions in early life, especially through development of the popularly-misunderstood "inferiority com-

plex." When a sense of inferiority develops, the lad cannot keep level with others and tries to compensate. He becomes boastful, retreats into phantasy, and may take to crime. A boy who became the leader of a band of hooligans at school was one who had had great ambitions to do well in games, but was not well-developed physically and could have no hope in that direction. The inferiority complex may give rise to bullying. Sex abuses, perversions, bad habits of various kinds, sadism, masochism, may reveal themselves in adolescence, having had their roots in earlier life. They can be treated by taking the individual back into his past, to the origins. Suggestion alone will not be adequate in these cases.

PREVENTION

A great deal can be done, in a preventive way, to avert the tendencies which some adolescents show towards various forms of melancholia, schizophrenia, or paranoia. I believe that manic-depressive psychosis can often be stopped completely in youth, if taken in time. I have seen cases beginning with depression, followed by exaltation, which have cleared up completely with adequate early treatment. The condition begins in adolescence in people who are very self-assertive but who also have a strong moral sense, being easily moved by moral considerations.

Cases are not infrequent in which students of great promise, who perhaps have gained scholarships, begin to be fantastic in their notions, peculiar in their mental outlook, not able to associate with others. Presently they may break down, hear imaginary voices, have outbreaks of violence. If in the early stages these people are treated by means of some psychotherapy—they should not be deeply analysed, for to bring out the content of their early years may sometimes make them worse—with a brief analysis,

relaxation, suggestion, and rest, the condition may clear up. The word "schizophrenia" should never be used before them or their relatives, because they will consult the dictionary. Anxiety neurosis is not a real diagnosis, but I use it as a general term in these cases, and it is accurate in a non-technical sense, since the condition is characterized by anxiety. Hysteria is the most common form of trouble in adolescence. There is emotional instability, with a tendency towards dissociation and phantasy formation. In schizophrenia the phantasies are of a more special kind. Paranoia in the extreme form is incurable; in the early stages, as in adolescence when it shows in paranoid symptoms, it is generally curable. It shows itself in a tendency to think that people are working against one (persecution mania), to look for insults where none are intended, and occurs in people who are very self-assertive and too proud to admit that they themselves fall short; accordingly they project their aggressiveness on others, and think that others are aggressive towards them.

Paranoia can occur in individuals of strong personality and great intellectual ability, and is the one form of mental derangement which, contrary to popular opinion, may produce no apparent mental deterioration (apart from the special obsession or delusion) throughout a long life. The number of paranoiacs in mental hospitals is probably a very small proportion of the total number in the world. Forms of *messianism* may be classified under this heading.

CHAPTER XIV

PSYCHOLOGICAL PROBLEMS OF THE MATURE PERSONALITY¹

So much of our work in analytical psychology deals with the problems of childhood and the outstanding problems of adolescence that there is a tendency to neglect the difficulties of the developed personality. These are sometimes called the problems of middle age, but the term "middle age" is unsatisfactory, difficult to fix, and carries with it a certain prejudice. A much more scientific term is the "age of maturity."

The age of maturity—I will not attempt to fix it in years—may be regarded as beginning when the individual accepts the full responsibilities of life, having chosen his profession and his mate. Any statements I make must be subject to exception in individual cases. One can deal only with the general situations in mature life that give rise to psychological difficulty, not with individual problems, because these would be infinite in number. Moreover, I am assuming the normal individual, not one suffering from any definite form of mental illness, either psycho-neurotic or psychotic.

MARRIAGE ADJUSTMENTS

I have said that marriage is an event signaling maturity. Not everyone, of course, gets married at the right time. Marriage itself involves, even with the

¹ A paper read before the Tenth International Medical Congress for Psychotherapy, in Oxford, on Sunday, July 31st, 1938, and before Section J (Psychology) of the British Association for the Advancement of Science, in Cambridge, on August 18th, 1938.

normal person, deep psychological problems. Here again I cannot enter into the psychological conditions for happy marriage. We must assume that the individual is happily—or at least satisfactorily—married, that he has made his choice on sound principles and without undue fixation on earlier experiences.

The first problem that arises in marriage is the necessity that the individual should think of another as well as of himself. Even in the most normal person this may be difficult and give rise to disturbances, if not in conduct, at least in feeling and outlook on life. The fundamental instincts of self-preservation, of sex, and the beginnings at any rate of the parental instinct are at work in him, and all this instinctive energy must have its adequate outlet. The outlet is or should be always forward-looking. The individual is still in process of development. Although mature in one sense, he has continually to adjust himself to an ever-widening field of reality which brings its peculiar difficulties. The danger all through maturity is *retrogression*. At every stage of the mature life of the normal personality there is the possibility of going backwards, of retreating to previously occupied positions.

Here comes in the significance of earlier memories and experiences in the individual's life. It is for this reason that when difficulties arise deep mental analysis is so helpful. It deliberately goes back to those earlier positions in the individual's life, and sets out to help him to a deeper insight and fuller appreciation of those earlier experiences and of what they mean for him now.

The early years of married life are bound to show the repercussion of the individual's earlier social relations in the bosom of his family—relations to father, mother, brothers, sisters. What is obviously demanded in marriage is an ability to see life from the point of view of

the partner, to understand the partner's difficulties, to put himself in place of the partner. That process, carried out on both sides, helps the gradual adjustment of the lives of two people living so closely together. He and she have each to develop a binocular view of life, both masculine and feminine. They have to recognize and to give up the very pronounced degree of narcissism which we all have in our earlier years. The danger is that, instead of being surrendered, the narcissism on one or both sides may continue and become more intense, so that these two people remain more narcissistic as a pair than they were in their separate lives. Narcissism and retrogression are often closely related. Retrogression may mean the stepping back to a former narcissism. We know how the child's life is fixed upon itself or upon others only in so far as they satisfy its needs. When the child loves other people for their own sakes and is anxious to help them, to that degree it is free from narcissism. With married people there is a great opportunity to turn their former narcissistic tendencies into mutual consideration for one another, but they must be on guard against the danger of the fixation of narcissism in their partnership.

With the coming of children new problems of adaptation arise. Parents must be ready to love their children so far as possible in an objective way, not in a narcissistic way. They must not regard their children as a possession, as parts of themselves, but as separate personalities who should be given as much freedom as possible—in other words, as much freedom as may be good for them without any special consideration on the part of the parents for themselves. In respect of their children, as in respect of each other, they have to avoid the stumbling-block of narcissism.

The mature individual has his own profession. He has made his choice of one form of activity as against a number

of other possible occupations which may have had their attraction for him. After he has made his choice he may be from time to time assailed by misgiving and regret. He may feel the attraction of these other possibilities that he has turned down. In the most favourable circumstances, of course, it is not the man who chooses the profession but the profession that chooses the man. Those who are most successful in their profession are those who have been so chosen. Their profession is their vocation. Speaking without any mystical implication, I would say that the test of a satisfactory choice is that the individual should feel that he has had a call to devote himself to that work and no other. He should feel that his occupation needs him, demands him, holds him. That is something quite distinct from the paranoid feeling that one has been deliberately chosen from on high for a purpose. Such situations may arise, we do not know, but for the general run of people it is sufficient to say that there is a place for each of them in the social community, and if they discover it, then they are confirmed more and more in the rightness of their choice by their growing feeling that their work has chosen them, that it is holding them as much as they are holding it.

But here again the danger of retrogression is great. There are in the back of the individual's mind other possibilities, other professions, other occupations which attracted him in the past and were dismissed for one reason or another, but have not been completely excluded from his life and still exert their glamour, all the more so because he has had no actual experience of them. When he comes up against difficulties in his own chosen profession, or when, having been fairly successful, he achieves a certain economic security, these earlier ambitions may reassert themselves. Special circumstances may arise, the interests of his group may be fixed in certain directions

and correspond to his own immature ambitions of earlier years, and he may therefore step back to that more primitive level and either change his profession or link up these other activities with his profession in ways that may be harmful to himself and his work.

CHOICE OF LIFEWORK

I occasionally see this kind of happening among my mature patients, and it may easily prove a stumbling-block, interfering to some extent with material success, and detracting from their single-minded interest in the work for which they are fitted. I am putting it in a clear, conscious, logical form, but, of course, it comes to the individual in a subconscious way, with the welling up of enthusiasm in some particular direction. It may often come in the form of an illusion, that he feels himself called to this other kind of work. It can come up in a compulsive way, and if it does, it must be considered suspect, because then its origin is in the unconscious,—although sometimes, in rare cases, it denotes a call, a further vocation to which the individual is right in responding. But in the ordinary way it is suspect and a thing to be guarded against.

Again, a situation which is analogous to the earlier ambitions is the admiration felt by the individual in earlier years for public characters, either characters of history or people in his immediate environment. This may already have shown itself in his choice of a profession, in his general ethical code, and in the sensitiveness of his conscience, but it may also assert itself subconsciously by driving him along certain paths. I have in mind a patient of mine who in his earlier years had a great admiration for the character of Napoleon. He read everything about Napoleon that he could get hold of, and although his own life was along very different lines, his

guiding principle was the Napoleonic one of taking the straightest path possible to his objective and massing all his forces at the particular point of assault. He succeeded in his own career, which was very different from a military one, by following along those lines. He had the impression, wrongly, that Napoleon died at 57. His life, he considered, was proceeding along similar lines; Napoleon was his inspiration. He himself was approaching this fatal age. But when he was 53 or 54 he happened to turn to some Napoleonic literature and discovered that Napoleon died not at 57 but at 52. That had a definite subconscious psychological effect upon him, and from the moment of that discovery the direction of his life changed, and changed for the better in the respect that he was released from this subconscious bondage of admiration and fixation upon an historical character. He developed his own life further, widened his outlook ethically and culturally. To put it in one phrase, he was able to carry on the process of sublimation still further, living more for others and getting a more completely objective view of life, of his own powers and possibilities, and of the people around him, to his own great benefit.

SUBLIMATION

Sublimation is one of the fundamental problems of the mature personality. Just as the peculiar peril of the mature personality is retrogression or a stepping back to earlier situations and mental attitudes, so sublimation is the safeguard, meaning a movement forward for the continued development of the personality, the directing of the primitive instinctive energy towards higher social and cultural ends. It is only in so far as the process of sublimation continues smoothly and uninterruptedly that the personality remains normal. The normal per-

sonality is an organization of intellectual and emotional dispositions in a state of moving equilibrium, and that must be a state of growth. This movement forward occurs through the process of sublimation.

The psychological problem of sublimation is the problem of overcoming difficulties and adapting the personality to changing circumstances not only of the outer world but of the inner life. In maturity the process of sublimation should move in the direction of greater and greater sympathy for those around, of increasing power to fulfil the moral law according to the golden rule, but also in adequate adaptation to the growing personality itself.

The mature personality culminates in what is called the prime, and then on the physical side has to face a decline. Here is the turning-point in life. The period which may be called the prime of life varies from one person to another according to physique, type of mind, past history, and the extent to which the individual has escaped physical or mental illness. But sooner or later the gradual decline begins and the individual has to adapt himself to this situation and to carry on the process of sublimation in spite of it.

This is a very definite moment in life. It is a point at which many relatively normal people feel ill and come to us for help. They have difficulty in reconciling themselves to the falling-off of power, to the relinquishment of ambitions, to the knowledge that they cannot expect the same success in the future as has rewarded them in the past. At the same time, as a rule, their children are growing up, and they have increasingly to make place for them, to give them more help and encouragement and support of an impersonal and unselfish kind. Thus the ethical demands upon them are very great. The late forties and early fifties may be a time of

very great demand upon the individual from the ethical point of view. He is called upon to abandon the last vestiges of narcissism, to devote himself without the slightest reservation to the Christian ideal—indeed the noblest pagan ideal also—of the surrendered life, of giving up in order that he may be more efficient on the spiritual plane, of losing his life that he may find it. It is here that he reaches the parting of the ways. Before him is the possibility of the process of sublimation, which is a spiritual process, meaning the choice of the higher aspect of existence, a passage from narrower to more inclusive values, to those that are super-temporal, beyond time, the good, the beautiful, and the true. The process of sublimation is the psychological aspect of the process of spiritualization. If one is writing in psychological terms one will speak of sublimation, if in religious terms, one will talk of the development of the spiritual nature.

On the other hand, at this great parting of the ways, instead of passing to these higher aspects of existence, the individual may begin to pity himself, and his old enemy narcissism may raise its head. Self-pity is a spiritual poison. The individual regresses, loses courage, sinks into a state of depression, and in this state of depression blames himself, has a feeling of unworthiness without being able to do anything about it. A perfectly normal person may in such circumstances become so depressed that he really needs help from outside. This kind of depression is not the same as melancholia, although melancholia sometimes has a similar explanation. The depression of middle age is something we frequently see in our consulting-rooms among people otherwise normal. Although, as I have indicated, it is generally due to failure to meet the claims of the moral law and the law of spiritual development, it does not mean that the kind of treatment most suitable is preaching to the patient

or indicating to him the religious point of view. If he reaches the stage at which he needs help from the psychotherapist, the kind of treatment must be some form of analysis, a talking out of his past, enabling him in that way to know himself. He cannot know himself by talking with a stranger in one consultation, that is not sufficient ; he must be encouraged to talk out his life, and through the emotional *rapport* which springs up between him and the psychotherapist he becomes more ready to accept help from the latter or to direct his gaze upon certain parts of his own life and get a clearer view in that way of his past difficulties.

CONFESSION AND ANALYSIS

Such analysis may lead to a real confession, an admission on his part of moral failure at certain earlier stages of his life. That admission is something quite different from the process of analysis as such, it is true confession. It is quite a mistaken view in the minds of the public, and sometimes in the Church, that analysis and confession are the same thing. Analysis means seeing how one thing has led to another in the past life, how certain difficulties in the past have been shelved or evaded, not adequately met. Confession means that at this or that point of the past life one has failed to carry out one's duty, and the admission is an essential part of all moral progress. Unless the individual admits it one cannot help him. My view of analysis is that it includes confession, and that at certain points in analysis confession should be encouraged. I have seen cases which have been analysed for months or even years, and along normal psychological lines have remained unactivated because the individuals have not made those confessions or admissions even to themselves. They have looked upon analysis as a form of self-justification. Therefore instead of getting moral help from

analysis in the development of character, they have leant back upon the analysis, justifying themselves for their past failures and present inability to face life. The essential part of analysis is to activate their minds on the ethical plane, to help them to realize that there is such a thing as freedom of the will, that the will itself as such involves a certain kind of freedom, not a kind which can be described intellectually, but one which can be felt and has been proved overwhelmingly by experience in life. I would add that it has been proved overwhelmingly by the results of deep mental analysis. It is difficult for me to understand why Freud has persisted in his view of the crude determinism of the human mind—a *vis a tergo*, “a mechanical sprouting from the past,” to use William James’s phrase—when all his own work has pointed to the great difference between subconscious and unconscious mechanical functioning and conscious and deliberate choice. It is because unconscious tendencies are brought into consciousness and so under the control of conscious thought, choice, and will that the individual passes from the helpless inability of the neurotic or psycho-neurotic state, at the mercy of events, to one in which he can control events.

It is this kind of analysis, including the encouragement to confession of moral shortcomings, that is fundamentally needed in the treatment of the cases I have described. They are at the parting of the ways; on the one hand there is before them the mere individualistic life, on the other the ever-widening life of the spirit. They have to learn why they have fallen short. Then it is they themselves who will push forward, realizing that they are born again in the sense of learning what the spiritual can do for them. They take courage to go forward, not backward, and they do so, not in a fanatical way, by the fanatical affirmation of a certain religious truth, which

often means the suppression of doubts in the subconscious, but by a deliberate acceptance, without any reservation whatever, of the view that the highest form of life is the super-temporal, the life of super-individual values which exists in spite of change and the decay and death of individuals.

I am speaking as a psychologist all through, and quite independently of any views as to personal survival. Without admitting that I am unorthodox, I know that the point of view of the psychologist on these subjects may be different from that of the orthodox Christian. But independently of the question of individual mortality, I would say that we can be absolutely certain, by watching things in this life, that there is here and now an eternal element of which we all partake. We can in this life live in the eternal, in the super-temporal. We should, as Aristotle said, ἐφ' ὅσον ἐνδέχεται ἀθανατίζειν, "live the immortal life as far as possible," here and now. We do it all our lives, but it becomes specially incumbent upon us after we have fulfilled our duties to our children and to society in general and have come to this stage of gradual relinquishment of the more physical interests and of, as it appears, the greater imminence of the life of the spirit. The process of sublimation here is most emphatically a process of the assertion of the spiritual, not as against the natural, but as the true, the underlying, the permeating meaning of the natural.

One form of illness which may develop at the time of life of which I am speaking, especially among those of an ambitious and self-assertive nature, shows itself in paranoid symptoms. This applies particularly to those who have not achieved worldly success to the extent that they had hoped. They become despondent, and subconsciously—not always consciously—get the feeling that there has been opposition, that they have been unfairly

treated, that they have been held back from taking their rightful position in life. In that way their self-assertiveness and ambition can be changed subconsciously into a feeling of being persecuted, a feeling that people are against them. Although they may not have a fully developed system of delusions to this effect, they acquire the paranoid habit of mind, showing itself from time to time in their communications with their fellows. They are not paranoiacs, not seriously deranged in mind, but in certain circumstances the paranoid attitude reveals itself.

FAILURES OF "MIDDLE AGE"

This, again, is a falling away, a failure of sublimation. Everything that I am saying is based upon actual experiences with patients. In some cases in which self-assertiveness has been strongly developed I have found at this critical time—the early fifties—a tendency to an outbreak of mania. There are other forms of mental upset which are symptomatic of the fact that the individual is not fully meeting the moral demands of his life; he has not socialized himself, nor steeled himself against "the slings and arrows of outrageous fortune," and he turns his self-assertiveness inwardly upon himself. It is true that he may have apparent delusions of unworthiness, but if he is more deeply analysed it will be found that these feelings are really directed against other people. He has a grievance against those who stand in his way. As a reaction to his suppression of personality we may find a state of elation breaking through in which all restraint is thrown aside and he asserts himself to the utmost. A lower moral level than normal is obvious in the state of elation, in which he is inconsiderate of the claims of others and ruthless in pressing forward his own. But even in the depressed state, when he seems to be blaming himself—one of my patients says that all he

thinks of are the cries of the shambles and the sufferings of the world—the real trouble is his own lack of courage in facing his problems.

I admit, of course, that in all such cases as I have mentioned it is fairly certain that there is also an hereditary factor in the mental illness. But the hereditary factor may be small, and the failure of adaptation throughout the individual life may offer the main explanation and hold the key to recovery.

Besides these definite forms of mental illness which may occur in the course of maturity, the failure of adequate sublimation and of wide culture may show itself in an injudicious enthusiasm for special theories. For example, a person may suddenly become enthusiastic about spiritualism, and may become unsound for the very reason that he has not trained his mind on the philosophical side nor on the ethical side in such a way as to put the claims of personal immortality in their right place. Along with inadequate philosophy and inadequate moralization of the personality goes the desire for personal immortality and for the continued existence of those he loves. This may eventually disturb his powers of judgment of the evidence for survival. I have seen that happen with various people, some of them eminent, well trained in certain directions, but falling short in the ability to take unbiased views of the evidence on a subject in which their feelings and desires are so much engaged. Therefore they have recourse to spiritualism. And it should be added that while there are some who will accept all the evidence on such a subject without adequate examination, there are others who persist in dismissing it all without study. The number who study it in a detached, scientific way is very small indeed. The only conclusion justified, as it seems to me, is that there is something in it, but that survival has not yet been scien-

tifically proved by these means. Some people nowadays base their whole faith in the spiritual or religious aspects of life upon the genuineness or otherwise of something observed at a *séance*. Here again, as it seems to me, there has been a failure in sublimation. Previously these people considered themselves hard-boiled materialists, their material interests were sufficient to fill their lives, but when they came at last to the necessity for some philosophy which would avail them for the disintegrating period of life and the approach of life's end, having failed to sublimate, they could only accept, with an enthusiasm often in inverse ratio to their critical examination of the evidence, some such theory as that which spiritualism has to offer. Spiritualism is not the only theory to which the same thing applies.

I recall a very striking case of an eminent medical man who came to me twelve years ago, following the death of his wife, imploring me to help him towards an adequate philosophy. He was then aged 72. He said, "I have been successful as a doctor and scientist. I have been a Darwinian. My views might be summed up in the belief that the world has been mechanically developed. Systems of electrons, atoms, and molecules have been formed, some more stable than others, and these more stable ones have become more and more complex through natural selection and chance differences. In the same way organisms have been produced which have held their own in the struggle for existence against less complicated organisms. I have hitherto thought this a sufficient explanation and philosophy of the world. But I have lost my wife, who was my dear and close companion, and I cannot bear the separation from her. At the same time my intellect does not allow me to admit the possibility of her or of my own survival."

This was a man who had had every opportunity of

studying things from all points of view. His was a deep depression along normal lines. He came to me rather late—at 72. If he had come to me earlier I should have started him on a course of philosophical reading, in which he would have gathered ideas step by step and would have come to see how, whatever philosophy is right, materialism and the materialistic conception of history is certainly wrong. What form of idealism we are led to adopt is another matter. An idealistic philosophy is extremely difficult to work out, but of its validity I am completely convinced and have never felt the slightest doubt. It is a case of the greater including the less. It allows for knowledge as something that is possible, whereas the materialistic position leaves everything in the air and leads to intellectual and moral scepticism.

REACTION AFTER ACHIEVEMENT

Something more remains to be said on the question of the lifework of the individual and the disturbances which may come about with the illusory feeling that he is called to some other kind of work. Not infrequently, when the choice of his work has been to all appearance satisfactory and his ambition has been achieved, a breakdown may set in. I recall examples of that during the Great War. Ambitious men would be struggling to get the command or the particular niche in the army for which they thought themselves suited, and having obtained it, they sometimes broke down. There are various possible explanations. They might have overworked in struggling to achieve the position. In the struggle certain abilities have been developed in them, certain traits of character acquired, but on achieving the position they may find, firstly, that the kind of ability needed to live up to the position is different from the kind of ability shown in attaining it, and, secondly, that

the idea or picture of the position which they had previously formed, and which attracted their imagination, like a carrot in front of a donkey's nose, is very different from the reality. Hitherto they had seen it only from the outside, and had been attracted by the glamour of it and the respect apparently accorded to it, but after achieving it they realized that the demands upon the personality were very different from what they had expected, that it was one thing to see it as a whole from without, and another to see it in detail from within. Thus they became disappointed, disillusioned, discouraged, even bored, and sometimes broke down for that reason.

But there is a further reason which Freud likes to emphasize in his writings, namely, the feeling of guilt that can set in when success is attained. This feeling of guilt is derived, in Freudian doctrine, from the *Œdipus complex*. In the *Œdipus complex*, which all Freudians still take very seriously, the little boy is hostile to his father, is competing with him, feels often murderous towards him. Only later are those feelings, according to Freud, transformed into respect, identification, and loyalty. With the neurotic temperament these earlier tendencies may persist, and, having occurred, they arouse feelings of guilt, and the whole thing is repressed and held in check. But when the individual is struggling for some position, competing with others, the same spirit is at work as in the earlier situation. Hostility, enmity, even readiness to annihilate competitors if only the crime could not be brought to his door, are experienced. To revert to the War, which threw up psychological tendencies in a most vivid way, men might feel respect and affection for their brother officers, and yet to their secret shame regard with equanimity the bomb which blew them to pieces as it laid the way open to their own promotion. Thus the

early Œdipus situation can be reanimated in later life, and the feeling of guilt can come in afterwards from the unconscious, once the ambition has been achieved. It shows itself in a general feeling of self-dissatisfaction, of punishment being deserved, and the thing so much desired and striven for loses its attractiveness and turns to dust and ashes.

THE SENSE OF GUILT

This tendency to self-punishment is a fundamental one and can be linked up with a sense of guilt as I have described, but also it may arise or receive contribution from a different source altogether, namely, the masochistic tendency—the tendency to get satisfaction and pleasure in suffering at the hands of others. Similarly the sadistic tendency—sometimes sadism and masochism go together in the same person—is responsible for the occurrence of a bad conscience and self-reproach. At the bottom of obsessional tendencies, when the individual is constantly trying to free himself from certain obsessions by special ceremonial compulsive actions, the real purpose of such actions, which the individual himself does not appreciate or understand, is to prevent him from manifesting the sadistic or hostile and aggressive tendency towards people in his environment. The tendency is in a state of repression, but the symptoms are just a manifestation which shows that the repressed tendency is not completely repressed.

The treatment there, of course, is to remove the repression and give an opportunity for the repressed tendency to come fully into consciousness. If it comes fully into consciousness, with the help of the analyst, it can pass from the state of repression to the state of being under the conscious control of the personality. That illustrates the difference between repression and control.

If a tendency is completely repressed it does not manifest itself in symptoms, apart from the most general symptoms of diminished energy in certain directions, or perhaps inhibitions, shown in an inability to act or decide or carry out resolutions. But even if the repression is complete the individual is not safe, because conditions may arise to stimulate the repressed tendency unknown to the individual, and, the tendency breaking through, it may show a mind divided against itself. In the case of self-control we have these tendencies fully recognized by the individual himself, who can guard against them. He deals with them along the path of sublimation. If he tried just to sweep them aside and ignore them he would be driving them back into a state of repression. He has to recognize that they represent a certain amount of instinctive energy deviated from its rightful goal. His task is to find an outlet for that energy at the higher levels of mental organization or social life. The aggressive and sadistic tendencies can find an outlet in justifiable rivalry and a spirit of competition, and in doing his very best in the directions for which he is suited and for which he has ability. His energy can be directed along lines which are beneficial, towards objects which are of social importance. Similarly with other primitive tendencies.

FAILURE OF REPRESSION

Although the stages of childhood and adolescence may be passed through without difficulty and without the emergence of symptoms, the mature personality may not necessarily be completely unified, and psychological difficulties may arise from such lack of unity. On the surface the personality seems to be at one with itself, but when special difficulties appear, then it is tested and the lack of unity becomes apparent in the various ways that

I have indicated. The symptoms which manifest themselves mean the failure of repression. It is not Freud's doctrine that all repression is pathological. Repression is to some extent a necessity in the normal development of the human race, and a good deal of sublimation is the direct result of previous repression. Energy is repressed so that it cannot find an outlet in certain primitive directions, and breaks through in other directions. In such emergence it may cause symptoms which are useless and hampering. But it may be deviated from its primitive object, and appear above the surface of the mind on lines which are beneficial to the individual. In the early stages of mental and social development that must have been the case. A great deal of sublimation taking place in the early stages of social life must have been the direct result of previous repression. It is only later that the individual himself and society can guide the process of sublimation and assist it. We must not be too ready to regard sublimation as a process always deliberately guided after repressed tendencies have been released. It postulates also some direct spontaneous disposition for the repressed energy to find its way along other and higher paths.¹

¹ C. G. Jung has pointed out that *dreams* may sometimes indicate the direction along which sublimation may most naturally and efficiently take place.

CHAPTER XV
THE ŒDIPUS COMPLEX, TRANSFERENCE,
AND SUBLIMATION

BOTH science and art may, in the Freudian view, show evidence of the working of the Œdipus complex in sublimated form. Scientific curiosity may sometimes be a redirection of repressed sexual curiosity, a curiosity which the child feels to be wrong and in need of repression. I recall the case of an individual who was being analysed by a leading Freudian. He himself pointed out that his early interests were certainly not in the direction of biological problems at all, but in astronomy and divinity. The confident Freudian interpretation was that that was a projection, and that there had been a repression of interests that were on biological lines. As amounting almost to a proof of this, the analyst pointed out that the constellations in the heavens mythically represent human situations, and said that the patient had turned from the baffling problem of the origin of life in his earliest years and fixed his mind upon the stars, these being as far away as possible; and yet upon these stars man had projected human situations.

I do not know how far that can be taken as representing tendentiousness in the reasoning of a Freudian or as containing a kernel of important truth. Probably both. In the early stages of development of psycho-analytic doctrine deductions are apt to be rather crude, but they do contain a germ of truth, a new point of view which we should all be ready not only to recognize but also to follow up.

THE ŒDIPUS COMPLEX

The Œdipus-complex situation seems a kind of "open sesame" in psycho-analytical literature and even as regards the interpretation of plays and other works of art. I was glancing again through Freud's *Collected Papers* recently and was caught by a few pages he wrote about *Macbeth*.¹ Everything he writes is extremely stimulating and suggestive. At all events it starts the mind working with a new point of view. Freud points out—a fact generally overlooked—how curious it is that although at the beginning Lady Macbeth is the leading figure in the drama, the strong character, remorseless, unpitying, she is the weaker character at the end. When she sees the sleeping Duncan she says :

"Had he not resembled
My father as he slept, I had done 't."

It is the resemblance to her own father which checks her murderous impulse. The situation in her mind is the Œdipus complex, the relation to her own father and mother. She breaks down after having apparently achieved her object (see previous chapter). In the end Lady Macbeth is mentally weaker, though still morally stronger, than her husband. "Macbeth does murder sleep." But it is not Macbeth who suffers from sleeplessness.² It is Lady Macbeth who suffers from sleeplessness and walks in her

¹ "Some Character-Types met with in Psycho-Analytic Work." S. Freud, *Collected Papers*, Vol. IV, pp. 326-33. Hogarth Press, London, 1925.

² No doubt he lost some sleep at first, but he did not become a victim of insomnia !

LADY MACBETH : You lack the season of all natures, sleep.

MACBETH : Come, we'll to sleep : my strange and self-abuse
Is the initiate fear, that wants hard use :
We are yet but young in deed.

Act III, Sc. 4.

sleep. There is a curious contrast between these two characters. Macbeth says :

“ Will all great Neptune’s ocean wash this blood
Clean from my hand ?
No : this my hand will rather
The multitudinous seas incarnadine,
Making the green one red.”

Lady Macbeth, in the same scene, says :

“ A little water clears us of this deed,”

and yet, later on, in the sleep-walking scene, she reveals her subconscious reactions in the well-known words :

“ Here’s the smell of the blood still: all the perfumes of Arabia will not sweeten this little hand. Oh! oh! oh!”

Freud suggestively reminds us of the German theory that Shakespeare sometimes represented one personality by two separate dramatic characters. There is some support for that supposition. Macbeth and Lady Macbeth may well be two sides of the same personality. Is that very surprising ? When people are married they become one, and we get one personality—a single personality for many purposes in the eyes of the law, but also a single personality very often from the psychological point of view. If one reads the play *Macbeth* with that in mind it becomes much more instructive. There is a kind of conflict envisaged within the composite personality—a conflict between good and evil, between the more primitive tendencies and the higher ideas. Lady Macbeth originally has great strength of character and shows real love for her husband. Yet she it is who commits suicide in the end. Macbeth, the weaker character at the beginning, refuses to commit suicide. He says, right at the end of the play,

“ Why should I play the Roman fool, and die
On mine own sword ? whiles I see lives, the gashes
Do better upon them.”

One side of his character has become firm at all events, although, of course, on a very low and primitive level.¹ Macbeth has a far weaker super-ego than has Lady Macbeth. Moreover it is she who says :

“ These deeds must not be thought
After these ways : so, it will make us mad.”

This is the only direct mention of madness in the play.

The childlessness of the two is worth remembering.² There is a very significant remark of Macduff, replying to Malcolm, when told of the slaughter of his children :

“ He has no children—All my pretty ones ! ”

That again is linked up with the message of the witches. Macbeth is told, “ Thou shalt be king hereafter,” and yet Banquo is greater than Macbeth because he shall “ get kings,” though he be none himself. All of which throws one back to the Œdipus complex.

This line of argument may seem loose and tendentious, not scientific, and certainly Shakespeare had no conscious appreciation of the Œdipus complex ; nevertheless his own unconscious well reacted to the story of Macbeth, a story for which Holinshed furnished all the materials. He compressed the action of many years into a few days, and probably coloured it with his own Œdipus complex. One is led to the probability that Shakespeare may himself have suffered from the Œdipus complex, which breaks through right and left as a possible explanation of many

¹ Compare the contrasting mental attitudes in the two phases of manic-depressive psychosis (Chapter IV). One is also reminded of C. G. Jung's doctrine of the *animus* and the *anima* in the unconscious of woman and man, respectively.

² Although Lady Macbeth had previously had a child. See *Macbeth*, Act I, Sc. 7, ll. 59, 60 :

“ I have given suck, and know
How tender 'tis to love the babe that milks me.”

passages in *Hamlet*¹ and in certain of the other plays. Some of the plots are by no means satisfactory, not even psychologically probable, and yet they have kept many generations of audiences fascinated. This cannot be attributed merely to their literary style, rather is it their appeal to the unconscious of the onlookers quite as much as to the conscious. The appeal is all the stronger if it is unwitting.

It must be remembered that the Œdipus complex has many different forms. There are all degrees of reaction in the child to its parents. At one end of the scale the boy is attracted to his mother and hostile to his father; at the other end he is attracted to his father and hostile to his mother. A great deal of the hostility to the mother that becomes apparent on analysis is a reaction to the opposite situation in the earliest years. Two outstanding historical examples are Schopenhauer in philosophy and Bismarck in politics. Hostility to the father is, of course, much more frequent, and in strong characters it leads to an intensification of ambition and therefore greater success. The case of Julius Cæsar, in whom ambition knew no bounds, has to be taken in relation with the well-founded story that he dreamt that he was sleeping with his mother, and this was interpreted by the soothsayers as a promise that he would possess mother earth.

There is meaning in that, if we take it in the Freudian sense. If we accept the thesis that the very young child may have an overwhelming wish to have the love of the mother to himself and to exclude other people, it may suggest a very strong potential urge showing itself later in the typically ambitious life of the person who kicks away the ladder by which he has ascended and goes on

¹ See Ernest Jones: "The Œdipus-Complex as an Explanation of Hamlet's Mystery: A Study in Motive." *American Journal of Psychology*, Jan., 1910, pp. 72-113.

ruthlessly in an obsessive way in pursuit of what he wants. These ambitious people are not normal. They are under unusual compulsions and obsessions. Like Alexander, they cry for fresh worlds to conquer. They can be distinguished from the normal person, who has ordinary self-respect, resolution, sense of duty, and regard for others.

"I dare do all that may become a man ;
Who dares do more, is none."

THE OBSESSED INDIVIDUAL

The obsessed individual is gripped by unconscious forces which he cannot fully understand or control. One of the great dangers of the present international situation turns upon the characters of outstanding personalities. So far as they can retain insight into their own personal aims and ideals, and can avoid the grip of obsessional and compulsive tendencies, their influence upon world-history may be, on balance, creative and beneficent. If not . . .

This illustrates how psychology is of the utmost importance in human affairs. It is, indeed, of transcendent importance, more so than any other science, if importance can be compared. It is hardly possible for any intelligent person to remain indifferent to psychology in the present international situation. At every turn the psychological fact makes its appearance.

I return to the process of sublimation, which is the central problem for the mature personality. Only through continued sublimation can the personality remain supple, plastic, able to continue to adapt itself to changing circumstances, able to live in the true sense. The personality must advance, otherwise it will fall back. It is in a state of moving equilibrium. Like an aeroplane, it can hover, but if it stands still it crashes. It moves

forward by a process of sublimation, finding an outlet for repressed instinctive energies along paths that are of benefit to society and to the race.

It might be said that in sublimation there is no ultimate goal.

New occasions teach new duties ;
Time makes ancient good uncouth.

We can never completely fulfil our duties. Duties are continually developed as our power and opportunities increase. But this ever-growing achievement of the personality is determined by certain general principles of inter-relation of values of the nature of eternal values, whereas the sublimation that occurs in the obsessed personality is too limited and is not checked in that way. Therefore in the case of the obsessed personality, while they achieve fulfilment of their duty to themselves and to their chosen goal, following a vision of some particular kind, other lines of duty tend to be neglected and even ignored.

TRANSFERENCE

Let me add something rather more systematic about sublimation in relation to transference. In dealing with the mature personality who meets with difficulties and needs help, one finds the process of transference very important. Transference is not co-extensive with personal influence. The latter is a wider conception, but it can take place through transference. One individual can influence another through the transference situation. When the psychotherapist is listening to the patient's story of his life, transference may begin. It lends authority to the physician and makes the patient ready to listen to him. But that form of personal relationship should be only a temporary one. It occurs inevitably in the situation of analysis, but it should be eventually cleared up and

resolved by tracing back the fixations, etc., to their true source and revealing their true object in early years.

But even when that occurs personal influence does not come to an end. There is such a thing as direct influence of one character upon another. Transference is always occurring, not only in the consulting-room, but in ordinary life. The extent to which it plays a part in ordinary life varies with the individual and the situation. In the case of the psycho-neurotic a great and obvious part is played by transference. The best form of relationship between two persons is one which is purged of transference. That is the relation to which we should all aspire as between friends and between husband and wife. Transference is an element of weakness. It is temporarily helpful and even necessary in psychotherapeutic treatment, but it is an unwitting element, not completely under personal control, it affects the primitive impersonal part of the mind, the *id*, which is going its own way.

It is this element of transference so evident in totalitarian government that disturbs one. So far as the people concerned and their leaders understand themselves fully and have control, the relationship is a good one. They can get all the good possible out of the unification of the State without the evil of being at the mercy of the whim of some particular individual or the victims of his possible self-deception.

Again, the experience of falling in love is often just a transference situation, although it may lead to a happy romance later on. The transference, while it lasts, can introduce gravely misleading elements. It can disguise incompatibility of temperament and other conditions which are to be avoided as prejudicial to a happy marriage. The person who is repeatedly falling in love is a person who is in the situation of transference. I have always

felt that Don Juan ought to have been analysed! One of the results of long analysis is to free the individual from momentary fascinations and infatuations. When I mentioned this to some young people a few years ago they exclaimed in horror and made a mental note never to be analysed. Analysis does free a person from these dangers, but it does not mean that he or she cannot, thereafter, fall in love. The transference situation means the projection by one individual of an emotional situation, which, of course, is liable to disappear as quickly as it came, so that the glory is departed and all the fascination is gone. Where has the fascination gone to when the individual falls out of love as quickly as he or she fell in? It was a projection, and it has gone back to the individual who projected it. It came from within, it was an illusion. An illusion is a sensory or emotional fulfilment of repressed tendencies. It is a disguised form of wish-fulfilment. [Sensory illusions (optical, etc.) are quite different.]

Although, therefore, the transference situation may help sublimation by temporarily enabling the individual to benefit, yet ultimately sublimation must be independent of the transference situation. Further progress in the individual must come from something higher than transference. The influence of a strong personality, with purpose and high ideals, as an incentive and encouragement, is often necessary, but that kind of relationship is distinct from a transference. In holding such a view as that I part company with the Freudians because they consider that psycho-analysis is almost entirely a matter of carrying on the analysis in a systematic way and relieving repressions, but that any direct interference on the part of the analyst is to be deprecated.

I would say, therefore, that the patient should be helped in such a way that the transference situation may exercise its utmost value, but that eventually the patient must

be enabled to free himself from transference.¹ There is a further duty incumbent upon the analyst, namely, to give the patient all the help he can in reconstructing his life, building up a philosophy of life, and learning to live, by the aid of direct influence, which is the proper method whereby one person may affect another.

¹ The transference is "resolved" by being traced back to memories and emotional reactions of early childhood, in the course of the analysis.

CHAPTER XVI

THE PSYCHOLOGICAL BASIS OF ETHICS, NATIONAL AND INTERNATIONAL ¹

IN discussing the problem of the psychological basis of ethics, national and international, it is not my idea to lay down rules or laws, or to bring forward anything of special importance on the ethical side, because that is not my domain. It is rather my aim to show to what extent advances in psychology during the last generation have made their own contribution to ethical problems—not, indeed, to the solution of them, but to their more adequate statement.

Ethics is the science of right conduct. Psychology is the science of human nature, of experience, of mental processes. The relationship between ethics and psychology is that of a normative science to a positive one. Whereas ethics is the science which deals with what ought to be, with codes of conduct that ought to be followed, with types of character that ought to be created, and so has reference to a standard of goodness or rightness, psychology is a natural science, stressing merely the laws of sequence in mental processes. As psychologists we have to consider how one thing follows upon another in the individual mind and how influences from the environment, both material and social, affect it. What a man ought to do, how he ought to feel, think, and act, that is a question for ethics rather than for psychology.

Nevertheless, although this difference is a definite one

¹ A paper read before the Liberal Summer School, in Oxford, on Tuesday, August 2nd, 1938.

and cannot be brushed aside, in practice there is a very close relationship between the two sciences. We cannot work out the duties of man independently of what he is. Even assuming that we are certain how he ought to act, what ideal he ought to accept, we should still have to consider the ways and means whereby he may achieve that ideal, the extent to which he is able to obey the moral law and adapt himself to its stringencies. We have to consider, not only what he ought to do, but what he can do. The modern problem of the relationship of psychology and ethics converges on that question: To what extent is a man able to do what he ought to do?

I need hardly remind you of the categorical imperative formulated by the greatest of all philosophers, Immanuel Kant, "I ought, therefore I can." The utilitarians and the hedonists had summed up the moral ideal in a very different generalization: "Do this if you want to be happy. Act in this way if you want to achieve the greatest happiness of the greatest number." That was the law of the utilitarians, of Bentham and others. It is represented also in the other formulation: "Everyone to count for one, and none for more than one." Kant was more metaphysical. Bentham, Mill, and the utilitarians were positivists, basing their ethics upon psychology. Kant as far as possible kept clear of psychology, even when dealing with the mind. His concern both in his *Critique of Pure Reason* and in his *Critique of Practical Reason* was with experience from the philosophical or logical standpoint, with the conditions under which moral action was possible at all, and he came to the conclusion that the possibility of moral action may be summed up as follows: The moral law is there, and we could not have a moral law appealing to us, we should not feel the "pull" of it, we should not feel this compelling "ought" at all, unless we were able to fulfil the obligation it imposes.

That led him to a further position. In his *Critique of Pure Reason* he demonstrated that everything occurred according to the category of causality, and there was no effect without a cause, so that man, like the rest of creation, was bound in the chains of necessity, and yet, faced with the moral law, he held that that law would not be there at all unless we were able to fulfil it. "I ought, therefore I can." That ability to fulfil the moral law comes, not from a world that is bound in the chains of necessity, not in a situation completely controlled and determined by inheritance, environment, and accidental conditions, but from the deeper essence of humanity. In the world of appearances man is not free, but is determined according to the law of causality, yet deep down in his individual nature, beyond the apparent, beyond that which is part of the world of phenomena, there is an ultimate freedom. The philosopher cannot say what kind of freedom it is, all he can and does say is that morality is real and that this implies that man is free. There can be no meaning in duty unless that duty can be fulfilled.

Kant reasoned abstractly as a metaphysician, but all acquaintance with human nature on the psychological side emphasizes more and more vividly to us the problem of ability to reach a standard. Therefore, I am inclined to reverse the categorical imperative without denying it, and besides saying, "I ought, therefore I can," to emphasize the other aspect, which is just as important theoretically and much more important practically, "I can, therefore I ought."

In other words, our duty has to be related to our powers, and the more power we have the greater is our duty to use that power in certain directions. The emphasis in practical life should be put, I think, in that direction as much as in the other. If we are constantly

thinking, "I ought, therefore I can," we may be shutting ourselves down to a very jejune and limited view of morality, because we may be limiting our duties to what we merely feel we ought to do. We may be subconsciously limiting our obligations by our sympathies and our wishes. The imperative "I ought, therefore I can" may lead to a very narrow view of moral duty. It may encourage the development of a narrow character, one who is determined to do his duty completely and meticulously, but is not generous, open-hearted, or sympathetic. The difference may be illustrated by the duty of the hired nurse to her sick patient, painstakingly fulfilled during the hours on which she is on duty, but she is "off at six," whereas the other imperative is illustrated by the service of the mother to her sick child, which knows nothing of the clock.

I prefer the attitude of Schopenhauer, Kant's greatest follower in the years immediately succeeding Kant's death. Schopenhauer said that all ethics is based upon sympathy or compassion (*Mitleid*). Without sympathy, or the power to feel directly as other people feel, the power to put oneself in the other person's place, to get under his skin (as General Gordon used to say), to see the world through his eyes, and understand his problems fully, there can be no complete morality. That power of sympathy is the pre-condition of truly moral action. Moral action is for the most part fulfilling one's duties or doing what one ought to do towards other members of society. Kant himself and a number of other philosophers, including J. S. Mill, have considered that that is the sole concern of morality, but I think a strong case can be made for a widening of that, to include not only an altruistic attitude in one's interpretation of duty towards other people, but also an egoistic duty towards oneself. The golden rule, to do unto

others as we would they should do unto us, sums it up, insisting on consideration of duty, not only to others, but also to oneself. The Biblical phrase, "To love thy neighbour as thyself," is very often misinterpreted to mean that we should love our neighbour better than ourselves.

Kant formulated his moral ideal in two other ways. He showed that it could be summed up in the following two injunctions: (1) "Act so that the law of thine action can be made law universal,"—or in other words, "Whatever you do, do it according to a principle which is true for all, so that you are not specially privileged"—and (2) "Treat every person as an end and never merely as a means." This last is a very fundamental formulation. It brings out a principle to which I shall refer later when I am dealing with political and international considerations, but I want you to remember it now. Hegel repeated it as follows: "Be a person and treat others as persons," i.e. not merely as means either to one's own gratification or to the fulfilment of some super-personal end. Observe that this last formulation of Kant's does not forbid us to use other people as means. It would be a misunderstanding to say that we should always treat them as ends and never as means. We are in fact constantly using each other as means. We do so whenever we hire a porter to carry our luggage. The danger is that we may get so used to employing people as means that we may forget that each man is an end in himself, and it is that end in himself which has to be considered in an essential system of ethics.

But psychologically I am impressed with the opposite system of the relationship of obligation to power. Obligation is not always as clear-cut as Kant seems to have thought. We are not always as completely sure of what our duty is, and we are often influenced psychologically in the consideration of our duty by our power

or our inclinations, hopes and fears. Wish-fulfilment comes in here, and that has been recognized by all the moral philosophers. What they have not recognized, what has become clear only within the last half-century, is that the mind is not a complete unity, that there are at least two parts of the mind which have to be considered. There is the conscious mind, with its clearly formulated motives and conscious adjustments of means to ends ; and there is the subconscious or unconscious mind, the background which contains all our past memories, our primitive instincts, and deep-seated wishes, showing themselves not always in their true form, but often in distorted ways which can be easily misunderstood by the individual himself.

We must remember that this subconscious or unconscious mind is not merely a collection of memories that are passive, like pictures on the walls of a museum, but forces and tendencies still striving towards consciousness. All the true unconscious is active, dynamic, not merely static, and is always striving to come into consciousness. It is unable to reach consciousness in its true form because, being primitive, it is in part out of harmony with the ordered development of our present mental life. It is held back by resistances originating early in life, which are themselves unconscious, and we know now by analysis that they come from other parts of the self. We may call the energy or activity of this part of the mind the "id," as Freud called it, taking the word from Groddeck and Nietzsche, *das Es*, meaning the impersonal element of the mind. Thus the "id" is held to a great extent in a state of repression by a mental factor or function, previously called the censorship, now called the super-ego. The super-ego itself is unconscious, but is developed from the ego. The ego is that part of the mind that has been organized in view of the experience derived from genera-

tion to generation in relation to consciousness. A part of that ego—a very real part—is split off in the form of the super-ego (*das Ueber-Ich*). The origin of that super-ego lies in the influence of the parents and other adult members of the social environment upon the very young child. The child is born into a social environment, and its primitive desires and spontaneous tendencies are held in check by standards of action that are presented to it by its parents and others. These may be presented to it quite as much in a spirit of love as in a spirit of disapproval or correction. The child may react at first as a rebel, but most normal children quickly get over that difficulty by identifying themselves with the source of authority, especially if they are met with love and affection. That identification means that the ideal of the parent is taken into their own minds, built up there, and forms a part of themselves. Thus the moral law which is imposed upon them from without is accepted by them and presently imposed upon them by their own will. In other words, they become autonomous or self-legislative very early in life. Their autonomy at first is of a mechanical nature, not the fully-developed conscience of later times, but it is the beginnings of the possibility of conscience, and as that is formed in early life, we have tension between the super-ego and the ego, carrying with it a feeling of duty, of guilt, of disappointment, and a number of other emotional reactions.

The categorical imperative of Kant has been identified by Freud, although not in so many words, as the working of the Œdipus complex. Quite generally, without going into the detail of it, we mean by the Œdipus complex the tendency of a little child to react to his parents in certain ways, to the parent of the opposite sex with a dependent love and affection, and to the parent of the same sex, at first with opposition, resentment, and hostility, which

may be quickly followed by the opposite feelings of respect, sympathy, and identification. The struggle and conflict represented by the Œdipus complex can be resolved in that way, and the natural and normal development of the super-ego in the earlier years of life may be the result.

We must not think that the Œdipus complex persists in every child. There is a tendency for the complex to be built up, but in the normal child it is quickly resolved. Whereas in the Œdipus complex we have love developing for the parent of the opposite sex and hostility and jealousy towards the parent of the same sex, this in the case of the normal child becomes quickly resolved into the normal relationship of affection and respect towards both. A further stage in the development of the normal child is his identification with the father or the mother, and thus there is laid down in the framework of his mind the beginnings of the super-ego. The super-ego is a normal development. Before the super-ego is laid down, the Œdipus complex may remain in a dissociated state as a malformation or pathological residue in the developing mind. In that event the super-ego when it is developed will be abnormal. The super-ego may take different forms in different people, and may be endowed with greater or less energy and be more or less important, and in some cases the super-ego may be almost absent. This is especially so in some criminal types, where the persons seem complete moral defectives, and to have no sense of duty except to themselves.

It may be asked whence those who follow this line of research obtain all this knowledge. They obtain it from what they learn from their patients, who are encouraged to talk things out, so that the associations of their very early years are revealed. As one listens to patients under analysis one can understand how one thing has followed

upon another in their lives, in the analysis early conflicts are revived and resolved, and it is possible to confirm in general the views that Freud has set out on these matters, without meticulously adhering to everything that he says.

We have in special forms of mental disorder good illustrations of the working of the super-ego—most strikingly in cases of melancholia. As a rule a person is not melancholic all the time. The condition does not, as a rule, manifest itself until adolescence or later. The attack of melancholia may last for weeks, months, or years, and then clear up. Simple melancholia is one of the most crippling of illnesses at the time of an attack, but when it does clear up it may do so very completely. During the attack the person has delusions of unworthiness. He is inclined to blame or criticize himself. He goes through his past life as with a small-tooth comb, finding out and recalling the occasions when he was untrue to the moral ideal or unfair to others. This can be explained in terms of activation of the super-ego. In melancholia the situation is well summed up in the metaphor of the upper and nether millstones. The poor ego is between the upper and nether millstones of the super-ego, or the part of the mind that carries standards of valuation, and the “id,” that is, the primitive desires and tendencies. We find other cases of delusion in which the person feels that he is being watched by an unknown observer, who notes his every act and makes remarks upon what he does. He may hear an imaginary voice criticizing him or commenting upon his behaviour. That again can be explained psychologically in terms of the super-ego of which I have spoken.

Clearly if this is true, it is the beginning of the explanation of conscience, and, further, it helps us to understand cases of morbid over-conscientiousness.

Patients suffer from over-conscientiousness in certain particulars. They become fastidiously careful in certain aspects of duty, but we find in these cases that the over-conscientiousness does not spread to their entire life. It is directed along a certain line only. If they were over-conscientious about everything, they would be super-moral, which they are not. But they are over-straining themselves in certain directions. They are straining after a kind of perfection. We can explain the state of affairs by the reactions of the child in very early years towards the imposition of the moral ideal. The rest of the moral life may suffer as the result of this distortion. As a rule the person who is over-conscientious in certain ways is under-conscientious in certain others. If space permitted I could give some amusing examples of this.

All this is preliminary to a consideration of the categorical imperative. We find numbers of patients faced with a feeling of "oughtness" which they cannot satisfy. All cases of over-conscientiousness are of that nature. These people will spend their time piling Pelion on Ossa to achieve this moral perfection, and the endeavour occupies more and more of their minds, disturbs their sleep and shows itself in dreams. The idea of morality, therefore, has evidently to be brought into connection with psychological conditions. We no longer feel that we can lay down the law as we did in the form of moral rules and expect everyone to fulfil them, so that if they do not fulfil them they must expect to feel guilty.

We have to consider not only the moral law, but the power and ability to fulfil it. This does not mean that we attach less importance to moral standards and ideals, but only that we have sympathy and understanding for those who go wrong and fail. This sympathy and understanding, added to the methods of psychotherapy, may

enable the patient, who has been living over again his past life, to gain more power. The message of psychotherapy to ethics is that freedom of the will is a reality—not a matter of libertarianism (freewill of indifference), but a reality in the sense that the individual has, in his own mind, the possibility, through analysis, of acquiring the necessary power and control.

Mental control is essential in individual and in social life. Indeed, there is no real distinction between the two, for we are living in society all the time. Our life is penetrated through and through with social influences. All psychology is in that sense social psychology. This individual control is a matter that is becoming more and more important to us. The super-ego is something that is unconscious, and to that extent beyond the individual's control. Everything unconscious works mechanically and, as it were, in relative dissociation from the rest of the mind. So far as it is unconscious it goes its own way, thus leading an autonomous life of its own. The super-ego, like the "id," can only be civilized and made suitable for the cultured individual if it is turned into consciousness. We cannot change all the "id" into consciousness, but we can change some of the "id" into fully-conscious tendencies. Also we can change our super-ego into a conscious feeling of reasonable duty, so that we not only see what we ought to do, but why we should do it, and to that extent we have further power over the working of the super-ego, even though its beginnings are lost in the mists of the earliest years of life. The more analysis that is carried out by the psychologist, if done carefully, adequately, and skilfully, the greater will be the control which the individual may be given over himself. Self-control and self-knowledge are increased, repressed tendencies are liberated, thereby again contributing to the increase of

self-control and self-determinism, and so leading to increased freedom of the will in the individual.

We come now to a very important aspect of the question, namely, the group aspect. The group mind may work by the identifying of the super-egos of the individuals in the group with a leader. Since all the individuals are following the same leader, all their super-egos are identified with the ego or ego-ideal of that leader. Increased power is thereby given to the leader, and the followers also are linked up with one another, so that they become a real group. Unfortunately, when individuals get together in a group, especially under a leader, or with reference to some particular policy or programme, the identification and blending which take place may have the effect of cancelling out, for the time being, the higher mental powers which distinguish one person from another, the higher values of ability, insight, and ideals, leaving only the primitive instinctive tendencies. People acting in such a group act in a more primitive way than they would otherwise do. They are liable to be more emotional, their aims are subject to rapid change, they are fickle, shallow, and impulsive, and although for that reason very often ineffective, at times they can produce momentarily overwhelming results.

We have to remember here the international side of the question. The formation of such psychological groups within the nation itself may not be very serious, because the organization of the nation into separate professions, occupations, and interests of all kinds acts as a safeguard against the production of a mere mob mentality. But when nations begin to react in a hostile way to one another, when a feeling of crude nationalism is aroused and deliberately whipped up by leaders, whose unconscious mind is strongly congruent with the unconsciousness of the majority of their followers, and especially when every

propagandist method is used to arouse intense national feeling, we have a regression to a more primitive attitude towards life. No psychologist who takes morality seriously would approve of crude nationalism. He sees for psychological reasons that it cannot be good, it must be bad. Temporarily it may be beneficial, for sometimes it is well to step back in order to get a better jump, and it was very clear to some of us that that was what the nations defeated or disappointed in the last War would have to do. They have been doing it with great effect, and we can only hope that the spring forward when it takes place will be in the right direction.

But that the extreme nationalist movement is regressive is obvious. It is because I am a psychologist that I have felt so unhappy about this question of the attitude of the other nations to the defeated Powers. We have been always too slow in meeting our adversaries. We have postponed any action to alleviate difficulties until things were too late, so that post-War history has been literally like a Greek tragedy, like the trilogy of Æschylus wherein the Thyestian banquet leads to the death of Agamemnon, his wife and murderess Clytæmnestra is slain by their son Orestes, death following death, one crime leading to another. Why does Greek tragedy move us so? It is because it presents to us the working of the unconscious, of the fundamental parts of the mind not in full control of the conscious personality. The Greeks felt that they were in the grip of necessity—'Ἀνάγκη. They were not free because they did not fully understand themselves. The unconscious had too much power over conscious destiny.

Nationalism tends to develop in poverty-stricken States of belligerent type. Their natural pugnacity is intensified by war and after-war conditions, and not only that, but national pride and the attempt at reinstatement in the

comity of nations play their part, so that the people, instead of living freely under the law, place themselves deliberately under a dictator. They choose a leader, always an outstandingly able man, not always a cultured and well-educated man, never a man with wide liberal views. The dictator is never a liberal. Liberalism produces leaders who are men of peace, not men of war. It may be that liberalism will have to reassert itself. That force must be available to prevent war has become more and more apparent. If we believe in law we must be ready to fight for law, just as within the nation, if there is reason to fear a riot, those in authority will assemble hundreds, even thousands of police, to prevent it. In England we do not need to arm our police, but in international affairs other considerations have to apply, and if we enlist a single soldier it means that we have given up the idea of pacifism. Once having given up that idea and consented to preventive arming, a small army is a cruelty to that army. If we are going to have an army at all we must have one large enough to fulfil our defensive needs, until the nations return to a better spirit and subordinate themselves to a system of international law.

Of course, there is the other side. There are the duties that we have been neglecting year after year, our failure to alleviate and rectify injustice, and to secure harmony among the nations. Instead of proceeding along those lines we gave up free trade—under moral *force majeure*, it is true—we gave up many of those principles for which we had fought century after century, for which our ancestors fought kings and vested interests in the name of freedom. One form of freedom in our industrial life was free interchange of commodities in an open market, under a system of division of labour. We held on to it as long as we could, but we gave it up perforce after the War. Nation

after nation has been drawing its skirts around itself, and erecting tariff walls against its neighbours, and economic war, which is half-way to actual war, has been going on all this time. How can the vicious circle be broken? Only by deliberate reorganization and a real effort to see other people's difficulties as through their eyes, and, still more important, to understand ourselves more clearly than we do.

Although we are a peaceful people we are probably ready to fight on certain occasions—I say probably, because fundamentally we are all pacifists now, and regard war as an unmitigated evil. As things stand, however, while we may be prepared to fight in certain extreme circumstances, we must take care not to have our aggressive instincts called out by propaganda for a wrong cause. We must beware of our own aggressiveness. I wrote about that some time ago in letters to *The Times* (1934),¹ when predicting defensive rearmament, and a very well-known anthropologist, no longer with us, wrote in criticism of my view protesting that there was no such thing as an instinct of pugnacity in human nature. He talked about the gentle savage. Yet this particular man was himself the most pugnacious person I have ever met! The great majority of people are kind to one another on social occasions and when there is no reason for discord, but, given a cause, the feeblest and meekest person will feel surprising pugnacity, though he may not always have the courage to show it openly. We are not only pugnacious, we are also acquisitive; we are all of us tempted to strive for more than our share. Plato in his *Republic* summed it up in one word: *πλεονεξία*—wanting more than one's share. That is one fundamental cause of war, as Plato considered.

¹ See my *Mind, Medicine, and Metaphysics*, Oxford University Press, 1936, pp. 280-286.

Aristotle defined justice as *ἰσὰ τοῖς ἰσοῖς*—equals to the equal. But Aristotle did not consider that all were equal. He believed in a master morality and a slave morality, as did Nietzsche. I would prefer a modern generalization as a definition of justice: "From everyone according to his power, to everyone according to his need" (Engels). That has been modified to read: "From everyone according to his power, to everyone according to his work," but unfortunately many people can do very little work, and they have to be provided for.

The question of ethics has to be considered in relation both to economics and to psychology. Perhaps the factors that are most important in bringing about wars between nations are economic factors. But men have psychological tendencies that must also be gratified—the love of honour, the love of prestige, the love of power, patriotism, and the feeling of identity with one's nation. All these may be very powerful forces and lead to action. Psychological factors, therefore, have to be considered as well as economic factors in these matters.

I am speaking entirely for myself, but what I say is based on a good deal of thinking over many years. I have come to the view that all collectivist movements will have to be very seriously modified in future if they are to be successful in relation to human nature. They are neglecting human nature and its laws. Furthermore, they tend to outrage the fundamental rule of ethics, which I have already stated in Kant's phrase, "Treat everyone as an end and never merely as a means." Collectivism tends to treat everyone as a means towards an end, such as the existence and aggrandisement of the State or of an international system. That means a stepping back to a more primitive form of organization. In one sense we are indeed going back to before the time of the industrial revolution. We are going back upon

our liberalism by adopting a collectivism which is ready to accept dictators, communist or fascist, instead of allowing free play for the liberty of the individual. I would earnestly plead for a return to the main line of liberal progress, the replacement of arbitrary power from above by the majesty of the law. Unfortunately, the old Liberals themselves got caught up in the conception of *laissez-faire*, about which Herbert Spencer was so keen. That is the principle of letting competition have its way in the open market. We know now that this is impossible for various reasons, and that a certain amount of control is necessary. But the widely-open market is the surest way of fixing the relative values of commodities and services, and adjusting the claims of different forms of industry, with the necessary complement of the principle of division of labour. When we put the law universal in the place of dictatorship of any kind, then we are fulfilling the Kantian position.¹ That, moreover, allows of advance, because laws themselves can be changed, allowing of ever more delicate adaptation to new situations and new demands. Laws are changed as they are found to bear hardly on one or other section of the population, and democracy has the power at its disposal of bringing about such changes in the law. That is the justification for a legislature which is constantly changing and reshaping the laws. We as psychologists are interested in that process, because we are thinking of how the individual can obey the law. Where the law is too harsh in a certain direction it must be capable of modification in relation to the needs and abilities of those who are called upon to obey it.

I go further and say that one reason why the League

¹ See Walter Lippmann : *The Good Society*, George Allen & Unwin, Ltd., 1937 ; and Gilbert Murray : *Liberalism and Civilization*, George Allen & Unwin, Ltd., 1938.

of Nations has been passing through such difficult times is that although it has a judiciary, it has no legislature.¹ It has certain laws which need to be changed by a free vote in relation to circumstances and the results of experience, and for that there appears to be as yet no adequate provision.

Although ethical rules are after a universal pattern, they emerge in practical life in relation to individual experience. Although morality has an eternal or super-temporal element in it, nevertheless we can only discover it gradually, in process of time. It is indeed abstract and *a priori*, but we learn the principles of a true morality from our ever-widening experience. It is for us to work in order that the nations may become good members, not of a super-state, but of an international society in obedience to universal law.

¹ See Viscount Samuel: *Belief and Action*, Cassell & Co. Ltd., 1937, p. 229.

CHAPTER XVII

CONCLUSION—THE PRACTICE OF PSYCHOTHERAPY

IN a book of this scope it is not easy to escape the charge of dogmatism, and of producing an impression of finality which is justified in no science and least of all in so progressive a science as that of psychopathology and psychotherapy. It is therefore well to state explicitly that none of the views expressed in the preceding pages is to be regarded as final. Further experience is certain to demand a development and a restatement of them. But as they are based entirely upon my practical experience in dealing with many thousands of cases of nervous breakdown during the past quarter of a century, including nearly five years of concentrated experience during the War as a medico-psychological specialist in the Army, treating War cases in their earliest as well as in their later stages of illness, I venture to hope that they are not entirely wrong. Although I should have liked to say more upon the *social* aspect of suggestion, I have linked up the suggestion of the consulting-room with the mass-suggestion of the crowd, and have endeavoured to show what light can be thrown by psychotherapy upon problems of government and of international relations. What I have called the emotional *rapport* between physician and patient (explained by Freud in terms of "transference"), which is an essential factor in treatment both by suggestion and by mental analysis, is in need of further elucidation. It is in this direction that great advance

may be looked for in the near future in the general theory of suggestion.

Professor C. G. Jung, in his presidential address to the Tenth International Medical Congress for Psychotherapy at Oxford on July 30th, 1938, summarized the points of agreement which a representative Swiss Committee of psychotherapists of all schools had reached, in the following terms (as recorded in *The Lancet*, Vol. CCXXXV, No. 5997, p. 332, August 6th, 1938):

“ Psychotherapy, having been developed by physicians, makes use of medical techniques. Its first objective is a diagnosis, and to this end it has recourse to an anamnesis. The patient recounts his difficulties and on the basis of what he says together with the symptoms an attempt is made to find out the specific nature of the illness.

“ The results show that there are forms of illness which have nothing to do with bodily disturbances, but which are only intelligible in terms of the psyche or mind.

“ Therefore this method of diagnosis does not focus on the seat of the illness but on the general psychic disposition of the sick person. The method of investigation is adapted to the study of the psyche and is put on a broader basis than that obtaining in pathology.

“ It takes into consideration all possible ways in which a person may express himself: his premeditated speech, his free associations, his fantasies, his dreams, his symptoms and symptomatic actions, and his demeanour.

“ This investigation reveals an ætiology reaching down into the depths of the personality and thereby transcending the limits of the conscious mind.

“ Psychotherapy calls the dark portion of the psyche the unconscious. The investigation leads first to the discovery of unconscious fixations on crucial situations and persons significant in the patient's childhood. These fixations have both a causal and a purposive aspect and set tasks for future fulfilment.

"The illumination of the factors out of which the illness developed and continued is one of the tasks of psychotherapy.

"Its method is the analysis and interpretation of all forms of expression.

"The therapeutic development of the patient depends on the relationship between him and the physician. This relationship also forms the basis of the patient's relationship to society.

"In treatment this relationship takes on the specific form of a transference, which is the projection of unconscious contents and appears as a transference neurosis.

"The reduction of the transference neurosis shows it to have been laid down in the unconscious fixations of childhood.

"Back of these individual fixations collective unconscious factors are assumed.

"The new contents must be realised as parts of the personality because it is only in this way that the patient can feel his responsibility toward them."

I personally can subscribe to all these points, on the basis of my own clinical experience.

Factors in psychotherapy of which the value can be regarded as scientifically assured are: psycho-catharsis and reassociation of the mind, relieving repressions and recalling lost memories by the method of "free association," autognosis, auto-suggestion, progressive relaxation, and the personal influence of the physician. The last of these is on a different footing from the rest, since it is itself in need of further analysis and involves the problems of the future to which I have already referred. But from the point of view of practice it is of overwhelming importance. A successful psychotherapist is born and not made. Theoretical interest in psychology and scientific knowledge of the subject are necessary, but not sufficient. The psychotherapist must be able to think himself into

the patient's situation and feel with the patient. He must have the gift of true sympathy. This process of "going along with" the patient and seeing the world from the patient's point of view, while also retaining his own philosophy of life which from a wide experience he has hammered out for himself by hard thinking, is the most exhausting part of his work, but also the most indispensable. The patient should be able to look upon him as a friend as well as a physician. This relationship is possible without the exaggerated dependence of the hypnotic subject, and is compatible with normal independence of personality.

The psychotherapist must also possess a sound knowledge of general medicine, and especially of neurology and psychiatry, if he is to be a thoroughly reliable help to those in mental difficulty. There are psychical symptoms detectable in most physical diseases, and in the case of some organic nervous diseases they may be so pronounced that the physical symptoms may be overlooked. This may easily happen in the early stages of disseminated sclerosis, encephalitis lethargica, cerebral tumour, certain vascular disturbances of the brain, etc., and involve the loss of precious time. Again, some forms of nervous breakdown are early stages of schizophrenia, paranoia, melancholia, manic-depressive psychosis, or other forms of recognized insanity, and in such cases a sound knowledge of psychiatry is imperative, if the patient is to receive appropriate treatment and escape disaster. In the early stages of some forms of insanity (i.e. in so-called "border-line cases") psychotherapy may do great good, but a knowledge of possible dangers ahead is essential, if only that one may guard against them.

Finally, disturbance of function of the glands of internal secretion (endocrine glands), such as the thyroid, pituitary, suprarenals, sex glands, etc., may show itself

almost exclusively in mental symptoms. In such cases appropriate physical treatment (organotherapy), as well as psychotherapy, is needed.¹

To guard against these pitfalls it is imperative that the psychotherapist make a thorough physical examination of his patient at the first interview, unless that has already been done by a competent physician, and that he be on the look out for possible later development of neurological or psychiatric symptoms in the course of the mental treatment. In short, the psychotherapist must be a sound physician. We have already seen that he must be a sound psychologist, and not lacking in a training in philosophy.

¹ Suggestion treatment, with progressive relaxation, is often beneficial in cases of disturbed functioning of endocrine glands, probably through its effect upon the sympathetic nervous system, with which these glands are in close relation.

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